Dalatand	T	0	laboran		
Debtor 1	Tensay First Name	Gee Middle Name	Johnson Example Last Name		
Debtor 2	Sylvia	Phillips	Johnson		
(Spouse, if filing		Middle Name		_	
United States B	ankruptcy Court for	r the: <b>WESTER</b>	N DISTRICT OF TEXAS		
Case number	19-11331				
(if known)	10 11001				if this is an led filing
					3
Official Forn	n 106A/B				
Schedule A	VB: Property	y			12/1
Part 1: Do	escribe Each R	Residence, Bu	uilding, Land, or Other Re	al Estate You Own or Have	e an Interest In
I. Do you own	n or have any lega o to Part 2.	l or equitable in	uilding, Land, or Other Re		e an Interest In
I. Do you own  No. Go  Yes. W  I.1.  I0128 Barbroo	n or have any lega o to Part 2. Vhere is the propert	l or equitable in	terest in any residence, building at is the property?	g, land, or similar property?  Do not deduct secured cla amount of any secured cla	ims or exemptions. Put th ims on <i>Schedule D:</i>
I. Do you own  No. Go  Yes. W  I.1.  I0128 Barbroo	n or have any lega o to Part 2. Where is the propert	ty?  What che strong or st	terest in any residence, building at is the property? eck all that apply. Single-family home Duplex or multi-unit building	g, land, or similar property?  Do not deduct secured cla	ims or exemptions. Put thims on Schedule D:
I. Do you own  No. Go  Yes. W  I.1.  I0128 Barbroo	n or have any lega to to Part 2. Where is the propert ok Dr ailable, or other descrip	ty?  What che strong or st	terest in any residence, building at is the property? ack all that apply. Single-family home	g, land, or similar property?  Do not deduct secured cla amount of any secured cla Creditors Who Have Claim  Current value of the	ims or exemptions. Put th ims on <i>Schedule D:</i> as <i>Secured by Property.</i> <b>Current value of the</b>
No. Go  No. Go  Yes. W  1.1.  10128 Barbroo  Street address, if ava  Austin  City	n or have any lega to to Part 2. Where is the propert ok Dr ailable, or other descrip	ty?  What che cotion	terest in any residence, building at is the property? Eck all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured cla amount of any secured cla Creditors Who Have Clain Current value of the entire property?	ims or exemptions. Put th ims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$476,489.00  our ownership ple, tenancy by the
No. Go  No. Go  Yes. W  1.1.  10128 Barbroo  Street address, if ava  Austin  City	n or have any lega to to Part 2. Where is the propert ok Dr ailable, or other descrip	ty?  What che stion	terest in any residence, building at is the property?  Eck all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$476,489.00  Describe the nature of your interest (such as fee sime entireties, or a life estate	ims or exemptions. Put the ims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$476,489.00  our ownership ple, tenancy by the
No. Go Yes. W  1.1.  10128 Barbroo  Street address, if ava  Austin  City  Fravis  County  10128 Barbroo	or have any legan to Part 2.  Where is the propert ok Dr  ailable, or other descript of TX 78  State ZIF	ty?  What che control of the control	terest in any residence, building at is the property?  Each all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  De has an interest in the property	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$476,489.00  Describe the nature of your interest (such as fee sime entireties, or a life estate	ims or exemptions. Put the ims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$476,489.00  our ownership ple, tenancy by the
No. Go No. Go Yes. W  1.1.  10128 Barbroo Street address, if ava  Austin City  Travis County  10128 Barbroo LOT 16 BLK B	n or have any legal to to Part 2.  Where is the propert ok Drailable, or other descript TX 78  State ZIF	ty?  What Che  Stron  Che  Che  Che  Che  Che  Che  Che  Ch	terest in any residence, building at is the property?  Eck all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$476,489.00  Describe the nature of your interest (such as fee sime entireties, or a life estate	ims or exemptions. Put the ims on Schedule D: ins Secured by Property.  Current value of the portion you own?  \$476,489.00  Our ownership ple, tenancy by the land on the portion is secured by the land of the portion.
No. Go No. Go Yes. W  1.1.  10128 Barbroo Street address, if ava  Austin City  Fravis County  10128 Barbroo OT 16 BLK B  BEC 1	or have any legal to to Part 2.  Where is the propert ok Dr ailable, or other descript of TX 78  State ZIF  Ok Dr, Austin, TX CANYON CREE	ty?  What che contion	terest in any residence, building at is the property? ck all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  thas an interest in the property ck one. Debtor 1 only	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$476,489.00  Describe the nature of your interest (such as fee sime entireties, or a life estate Fee Simple Absolute  Check if this is command (see instructions)	ims or exemptions. Put the ims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$476,489.00  our ownership ple, tenancy by the land of the portion you own.

entries for pages you have attached for Part 1. Write that number here.....

\$476,489.00

Debt	_	-	ps Johnson		Case number (if known)19-	11331
Pa	rt 2: D	escribe	Your Vehicles	<b>S</b>		
-	•	•	•	ble interest in any vehicles, whether they se a vehicle, also report it on Schedule G:		•
3.	Cars, vans,	trucks, tr	actors, sport util	ity vehicles, motorcycles		
3.1. Make	✓ Yes	For	rd.	Who has an interest in the property? Check one.	Do not deduct secured cla amount of any secured cla	ims or exemptions. Put the
Mode		F15	-	Debtor 1 only	Creditors Who Have Clain	
Year		200		Debtor 2 only	Current value of the	Current value of the portion you own?
Appr	oximate mile	age: 400	0,000	Debtor 1 and Debtor 2 only  At least one of the debtors and and	entire property? ther \$4,200.00	\$4,200.00
	r information 6 Ford F150 es)		x. 400,000	Check if this is community prope (see instructions)		
3.2. Make	e:	Vol	kswagen	Who has an interest in the property?  Check one.	Do not deduct secured cla amount of any secured cla Creditors Who Have Clain	
Mode			ssat	Debtor 1 only Debtor 2 only	Current value of the	Current value of the
Year		201		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	oximate mile		017	At least one of the debtors and ano	ther <b>\$6,825.00</b>	\$6,825.00
201	r information 5 Volkswaç 117 miles)		at (approx.	Check if this is community prope (see instructions)	rty	
4.				Vs and other recreational vehicles, other onal watercraft, fishing vessels, snowmobile		
				u own for all of your entries from Part 2, or Part 2. Write that number here		\$11,025.00
Pa	rt 3: D	escribe	Your Persona	ıl and Household Items		
Do y	ou own or h	ave any l	egal or equitable	interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Examples: I		d furnishings iances, furniture,	inens, china, kitchenware		
	_	escribe	See continuat	ion page(s).		\$5,085.00
7.				o, video, stereo, and digital equipment; con devices including cell phones, cameras, m		_
	□ No ☑ Yes. De	escribe	Electronics: C	computer/tablet x4, Television x3, CD	D/DVD player, printer x2.	\$850.00
						┙

	tor 1 tor 2	Tensay Gee Sylvia Philli	ps Johnson  Case number (if known) 19-1	1331
			Odde Humber (II Miowin)	
8.		•	nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No	s. Describe		]
9.			s and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; d kayaks; carpentry tools; musical instruments	
	☐ No ✓ Yes	s. Describe	exercise items, golf clubs, bicycle, musical instruments	\$1,250.00
10.			es, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes	s. Describe		]
11.			clothes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ✓ Yes	s. Describe	See continuation page(s).	\$1,500.00
12.	<b>Jewelr</b> y Example		ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	☐ No ✓ Yes	s. Describe	See continuation page(s).	\$3,050.00
13.		rm animals les: Dogs, cats	, birds, horses	-
	☐ No ✓ Yes	s. Describe	Dog	\$5.00
14.	Any oth	•	nd household items you did not already list, including any health aids you	
		s. Give specific		]
15.			of all of your entries from Part 3, including any entries for pages you have  **Nrite the number here**	\$11,740.00
P	art 4:	•	Your Financial Assets	
			egal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you petition	n have in your wallet, in your home, in a safe deposit box, and on hand when you file your	
	□ No ✓ Yes	3		\$395.52

		ensay Gee Joh ylvia Phillips Jo		Case n	umber (if known)19-11331	
17.	<b>Deposits</b> <i>Examples</i>	: Checking, savin	gs, or other financial accounts; ce s, and other similar institutions. ch.			
	□ No ✓ Yes		Institution name:			
	17.1.	Checking acco	unt: A+ FCU, Checking	account		\$878.46
	17.2.	Checking acco	unt: Bank of America, C	Checking account		\$8.92
	17.3.	Checking acco	unt: Bank of America, C	Checking account		\$1.99
	17.4.	Checking acco	unt: A+ FCU, Checking	account		\$122.72
	17.5.	Checking acco	unt: IBC, Checking acco	ount		\$323.61
	17.6.	Checking acco	unt: ABC Bank, Checkin	ng account		\$300.00
	17.7.	Checking acco	unt: A+FCU, Checking a	account		\$3.84
	17.8.	Savings accou	nt: A+ FCU, Savings a	ccount		\$28.00
	17.9.	Savings accou	nt: A+FCU, Savings ac	count		\$1.05
	17.10	). Savings accou	nt: IBC, Savings accou	unt		\$100.00
	17.11	. Savings accou	nt: A+FCU, Savings ac	count (zero value)		\$0.00
	17.12	2. Savings accou	nt: ABC Bank, Savings	s account		\$50.00
	17.13	3. Savings accou	nt: Bank of America, N	Money Market Savings ac	count	\$2.79
	17.14	I. Savings accou	nt: Bank of America, N	Money Market Savings ac	count	\$0.34
18.	Examples No	Bond funds, inve	stiblicly traded stocks stment accounts with brokerage Institution or issuer name:	firms, money market accounts	3	
19.	Non-publi	cly traded stock	and interests in incorporated a ership, and joint venture	nd unincorporated business	es, including	
	□ No ✓ Yes.	Give specific ation about				
	them		Name of entity:		% of ownership:	
			Four Points Equity Investm	ents, LLC		
			It has a brokerage account account (\$137.12). It is has	•	100%	\$442.48
			Four Points Platinum Mach	ining		

Liabilities exceed assets.

100%

\$0.00

	tor 1 Tensay Gee Joseph Sylvia Phillips		Case number (if known) _ 19-11	331
20.	Negotiable instruments in	nclude personal checks,	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. t transfer to someone by signing or delivering them.	
	No ☐ Yes. Give specific information about them	. Issuer name:		
21.	Retirement or pension a Examples: Interests in IR profit-sharing	RA, ERISA, Keogh, 401(l	k), 403(b), thrift savings accounts, or other pension or	
	No			
	Yes. List each account separately.	Type of account:	Institution name:	
		401(k) or similar plan:	401(k)	\$145.80
		IRA:	SEP IRA with Fidelity	\$2,129.26
		Retirement account:	ERS	\$2,313.04
		Retirement account:	Social Security benefits not being received at this time	Unknown
		Retirement account:	Social Security benefits not being received at this time	Unknown
		•	e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications	
	✓ No  ☐ Yes	lm	otikution nama ar individual.	
23	_		stitution name or individual: ment of money to you, either for life or for a number of years)	
_0.	<b>☑</b> No	. Issuer name and des		
24.	Interests in an educatio 26 U.S.C. §§ 530(b)(1), 5		a qualified ABLE program, or under a qualified state tuition pro	gram.
	✓ No ☐ Yes	. Institution name and	description. Separately file the records of any interests. 11 U.S.C.	§ 521(c)
25.	Trusts, equitable or futu powers exercisable for	• • •	y (other than anything listed in line 1), and rights or	
	No ☐ Yes. Give specific information about the	em		
26.			s, and other intellectual property; oceeds from royalties and licensing agreements	
	No ☐ Yes. Give specific information about the	em		
27.	Licenses, franchises, ar Examples: Building perm		gibles cooperative association holdings, liquor licenses, professional licens	ses
	<ul><li>✓ No</li><li>☐ Yes. Give specific information about the</li></ul>	em		

	tor 1 tor 2	Tensay Gee Johnson Sylvia Phillips Johns		Case number (if known	) <b>_19-11</b>	331
Mor	ney or p	roperty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you				
29.	abo you and	s. Give specific information them, including whether already filed the returns d the tax years	er	ntenance divorce settlemen	Federal: State: Local:	
	<b>☑</b> No				t, property	Sottomont
	Ye	s. Give specific information	on	Alimony:		
				Maintenar   Support:	nce:	
					ettlement:	
				Property s		
31.	Interes Examp No Ye.	s. Give specific informations in the state of the state o	on life insurance; health savings account (HSA); c			nce
	an	a not no value	Term life Insurance policy with	beneficiary.	Cui	richael of ferana value.
			Fidelity  Health - Blue Cross, Blue Shield; disability - employer-provided (co- debtor); term life insurance - employer- provided (co-debtor); homeowner's - Westwood; Vehicle - Progressive.	Co-Debtor		\$1.00
32.	If you a	are the beneficiary of a livi I to receive property becar	due you from someone who has died ng trust, expect proceeds from a life insurance use someone has died	policy, or are currently		
	✓ No ☐ Ye	s. Give specific information	on			
33.	Examp	les: Accidents, employme	hether or not you have filed a lawsuit or madent disputes, insurance claims, or rights to sue	de a demand for payment		
	✓ No	s. Describe each claim				

	otor 1 <b>Tensay Gee Johnson</b> tor 2 <b>Sylvia Phillips Johnson</b> Case number (if known) 19-1	1331
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims	
	✓ No  Yes. Describe each claim	
35.	Any financial assets you did not already list	l
	<ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$7,249.82
Pa	art 5: Describe Any Business-Related Property You Own or Have an Interest In. List any	real estate in Part 1
37.	Do you own or have any legal or equitable interest in any business-related property?	
	✓ No. Go to Part 6.  ☐ Yes. Go to line 38.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commissions you already earned	·
	✓ No  Yes. Describe	
39.	Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	'
	✓ No  Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	•
	✓ No  Yes. Describe	
41.	Inventory	ı
	✓ No ☐ Yes. Describe	
42.	Interests in partnerships or joint ventures	ı
	✓ No  Yes. Describe Name of entity:  % of ownership:	
43.	Customer lists, mailing lists, or other compilations	
	No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	Yes. Describe	

	btor 1 Tensay Gee Johnson btor 2 Sylvia Phillips Johnson Case number (if known) 19-1	1331
44.	Any business-related property you did not already list	
	<ul><li>✓ No</li><li>☐ Yes. Give specific information.</li></ul>	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$0.00
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have a If you own or have an interest in farmland, list it in Part 1.	n Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7.  ☐ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals  Examples: Livestock, poultry, farm-raised fish	
	✓ No ☐ Yes	]
48.	Cropseither growing or harvested	J
	✓ No  ☐ Yes. Give specific information	]
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Yes	]
50.	Farm and fishing supplies, chemicals, and feed	
	✓ No  Yes	]
51.	Any farm- and commercial fishing-related property you did not already list	
	✓ No  ☐ Yes. Give specific information	]
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00

#### Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53.	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership	t?		
	<ul><li>✓ No</li><li>✓ Yes. Give specific information.</li></ul>			
54.	Add the dollar value of all of your entries from Part 7. Write the	at number here	<b></b>	\$0.00
P	art 8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		<b>————</b>	\$476,489.00
56.	Part 2: Total vehicles, line 5	\$11,025.00		
57.	Part 3: Total personal and household items, line 15	\$11,740.00		
58.	Part 4: Total financial assets, line 36	\$7,249.82		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	<b>+</b> \$0.00		
62.	Total personal property. Add lines 56 through 61	\$30,014.82	Copy personal property total	+ \$30,014.82
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$506,503.82

<ol><li>Household goods and furnishings (d</li></ol>	details):
--	-----------

0.	nousehold goods and furnishings (details).	
	Kitchen: Stove/oven, dishwasher, microwave, refrigerator, kitchenware, china cabinet, pots and pans, dishes and glassware, dining table with chairs, small appliances, washer/dryer.	\$1,900.00
	Bedrooms: Bed x4, nightstands x3, bookcase x4, dresser/chest x5, desk x2.	\$900.00
	Living room: Loveseat, sofa, coffee table, recliner/chair, end table, lamp/clock	\$1,575.00
	Bathrooms: towels and linens	\$100.00
	Lawnmower, yard tools, power tools, hand tools, outdoor furniture, grill, holiday decorations, books, movies/music	\$610.00
11.	Clothes (details):	
	Man's clothing	\$500.00
	Woman's clothing	\$500.00
	Dependent's clothing	\$500.00
12.	Jewelry (details):	
	Man's wedding ring, watches	\$1,050.00
	Woman's wedding ring, costume jewelry, watch.	\$2,000.00

Debtor 1	Tensay	Gee	Johnson			
	First Name	Middle Name	e Last Name			
Debtor 2 (Spouse, if filing)	Sylvia First Name	Phillips Middle Name	Johnson  E Last Name	l		
		he: WESTER	N DISTRICT OF T	EXAS		☐ Check if this is an
Case number	19-11331					amended filing
(if known)						
Official Form	106C					
Schedule C	: The Proper	ty You Cl	aim as Exem <sub>l</sub>	ot		04/
rite your name ar or each item of p to state a speci kempted up to the eceive certain be kemption of 100	nd case number (if be composed or composed	known).  I as exempt, you as exempt. Ala pplicable state empt retirement alue under a la	ou must specify the ternatively, you may utory limit. Some exit funds—may be unly that limits the exe	amoun claim kempti limited emption	nt of the exemption y the full fair market onssuch as those in dollar amount. I n to a particular doll	essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Which set of	entify the Proper	ou claiming?	Check one only,		your spouse is filing	with you.
Which set of You are You are For any prop	exemptions are you claiming state and claiming federal ex erty you list on So	ou claiming? federal nonban emptions. 11 Uchedule A/B th	Check one only, kruptcy exemptions.  J.S.C. § 522(b)(2)  at you claim as exer	11 U.S	S.C. § 522(b)(3)	below.
. Which set of You are You are For any prop	exemptions are you claiming state and claiming federal ex	ou claiming? federal nonban emptions. 11 L chedule A/B th d line on	Check one only, kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.S mpt, fil Amoi	S.C. § 522(b)(3)	
. Which set of You are You are For any prop	exemptions are you claiming state and claiming federal exerty you list on So of the property an	ou claiming? federal nonban emptions. 11 L chedule A/B th d line on	Check one only, kruptcy exemptions.  J.S.C. § 522(b)(2)  at you claim as exer  Current value of the portion you	11 U.S mpt, fill Amore exem	I in the information unt of the nption you claim	below.
. Which set of You are You are For any prop	exemptions are you claiming state and claiming federal exerty you list on So of the property an	ou claiming? federal nonban emptions. 11 L chedule A/B th d line on	Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from Schedule A/B	11 U.S mpt, fill Amore exem Checeach	I in the information unt of the aption you claim	below.  Specific laws that allow exemption
. Which set of You are You are You are To any properief description Schedule A/B that Frief description: 0128 Barbrook OT 16 BLK B 0	exemptions are you claiming state and claiming federal exerty you list on So of the property and tilests this property and tilests the tilests this property and tilests this property and tilests the tilest the tilest the tilests the tilests the tilests the tilests the tilests t	pu claiming? federal nonban emptions. 11 L chedule A/B th d line on y	Check one only, kruptcy exemptions.  J.S.C. § 522(b)(2)  at you claim as exer  Current value of the portion you own  Copy the value from Schedule A/B  \$476,489.00	npt, fill Amore exem Checeeach	C.C. § 522(b)(3)  I in the information unt of the aption you claim  sk only one box for exemption	below.

#### Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$4,200.00 \$4,200.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ 2006 Ford F150 (approx. 400,000 miles) 100% of fair market 42.002(a)(9) value, up to any Line from Schedule A/B: 3.1 applicable statutory limit Brief description: Tex. Prop. Code §§ 42.001(a), \$6,825.00 \$0.00 $\overline{\mathbf{A}}$ 2015 Volkswagen Passat (approx. 62,017 100% of fair market 42.002(a)(9) miles) value, up to any applicable statutory Line from Schedule A/B: 3.2 limit Brief description: \$1,900.00 \$1,900.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ Kitchen: Stove/oven, dishwasher, 100% of fair market 42.002(a)(1) microwave, refrigerator, kitchenware, value, up to any applicable statutory china cabinet, pots and pans, dishes and glassware, dining table with chairs, small limit appliances, washer/dryer. Line from Schedule A/B: \_\_\_\_6 Brief description: \$900.00 \$900.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ Bedrooms: Bed x4, nightstands x3, 100% of fair market 42.002(a)(1) bookcase x4, dresser/chest x5, desk x2. value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$1,575.00 Tex. Prop. Code §§ 42.001(a), \$1,575.00 $\overline{\mathbf{Q}}$ Living room: Loveseat, sofa, coffee table, 100% of fair market 42.002(a)(1) recliner/chair, end table, lamp/clock value, up to any applicable statutory Line from Schedule A/B: limit Brief description: \$100.00 Tex. Prop. Code §§ 42.001(a), \$100.00 $\overline{\mathbf{A}}$ Bathrooms: towels and linens 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$610.00 \$610.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{V}}$ Lawnmower, yard tools, power tools, hand 100% of fair market 42.002(a)(1) tools, outdoor furniture, grill, holiday value, up to any decorations, books, movies/music applicable statutory limit Line from Schedule A/B: 6 Brief description: \$850.00 \$850.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{V}}$ Electronics: Computer/tablet x4, Television 100% of fair market 42.002(a)(1) x3, CD/DVD player, printer x2. value, up to any

Line from Schedule A/B: 7

applicable statutory

limit

DODIOI Z	Sylvia Fillilips Joillison
Part 2:	Additional Page
1 all 4.	Auditional Lauc

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	eck only one box for h exemption	
Brief description:  exercise items, golf clubs, bicycle, musical instruments  Line from Schedule A/B: 9	\$1,250.00	\$1,250.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description:  Man's clothing  Line from Schedule A/B:11	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Brief description:  Woman's clothing  Line from Schedule A/B:11	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Brief description:  Dependent's clothing  Line from Schedule A/B:11	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Brief description:  Man's wedding ring, watches  Line from Schedule A/B:12	\$1,050.00	\$1,050.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Brief description:  Woman's wedding ring, costume jewelry, watch.  Line from Schedule A/B:12	\$2,000.00	\$2,000.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Brief description:  Dog  Line from Schedule A/B:13	\$5.00	\$5.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Brief description:  ERS  Line from Schedule A/B:21	\$2,313.04	\$2,313.04 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021
Brief description: Social Security benefits not being received at this time Line from Schedule A/B:21	Unknown	\$0.00 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407

Case number (if known) 19-11331

Part 2:	Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:  Social Security benefits not being received at this time  Line from Schedule A/B:21	Unknown	\$0.00  100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407
Brief description: SEP IRA with Fidelity Line from Schedule A/B: 21	\$2,129.26	\$2,129.26 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021
Brief description: 401(k) Line from Schedule A/B:21	\$145.80	\$145.80 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021
Brief description:  Term life Insurance policy with Fidelity  Line from Schedule A/B:31	\$1.00	\$1.00 100% of fair market value, up to any applicable statutory limit	
Brief description:  Health - Blue Cross, Blue Shield; disability - employer-provided (co-debtor); term life insurance - employer-provided (co-debtor); homeowner's - Westwood; Vehicle - Progressive. Line from Schedule A/B:31	\$1.00	\$1.00  100% of fair market value, up to any applicable statutory limit	

Fill in this info	Tensay	entify your case	Johnson			
	First Name	Middle Name	Last Name			
Debtor 2	Sylvia	Phillips	Johnson			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for t	he: WESTERN DIS	STRICT OF TEXAS			
Case number (if known)	19-11331				Check if this is amended filing	
Official Form	106D					-
		Vho Have Cla	ims Secured k	v Property		12/15
Part 1: Lis  List all secure claim, list the creditor has a	t All Secured Ced claims. If a crecreditor separately particular claim, listible, list the claims	ation below.	one secured ore than one n Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the secures the	property that claim:	\$19,971.00	\$476,489.00	
Intl Bank Of Con Creditor's name 1 S Broadway S Number Street		—— 10128 Barb 78726	rook Dr, Austin, TX	(		
Mcallen  City  Who owes the det  ☑ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and D  ☐ At least one of  ☐ Check if this of  to a community	Debtor 2 only the debtors and ar	Continge Unliquida Disputed Nature of lie An agree Statutory Judgmen	nt ited n. Check all that appl	as mortgage or secured mechanic's lien)		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$19,971.00

Debtor 1 Debtor 2	Tensay Ge Sylvia Phil	e Johnson lips Johnson		_ Case number (if	known) 19-11331	
Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.			Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's nam Po Box 96		Usa	Describe the property that secures the claim: 2015 Volkswagen Passat	\$9,503.00	\$6,825.00	\$2,678.00
Debtor 2 Debtor 2 Debtor 3 Debtor 3 At least Check i	2 only 1 and Debtor 2	eck one.  conly cotors and another	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset)	s mortgage or secured	car loan)	
2.3  Specialize Creditor's nam PO Box 60	vas incurred  d Loand Se	02/2019	Last 4 digits of account number  Describe the property that secures the claim:  10128 Barbrook Dr, Austin, TX 78726	1 0 0 0 \$155,077.21	\$476,489.00	
City of Ind	ustry CA State		As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply	Check all that apply.		

Nature of lien. Check all that apply.

Judgment lien from a lawsuit

Last 4 digits of account number

Other (including a right to offset)

☐ Statutory lien (such as tax lien, mechanic's lien)

An agreement you made (such as mortgage or secured car loan)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$164,580.21

7 9 5

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$184,551.21

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

☐ Check if this claim relates to a community debt Date debt was incurred

At least one of the debtors and another

2005

Fill in this inf	ormation to id	entify your o	case	:						
Debtor 1	Tensay	Gee		Johnson						
	First Name	Middle Name	•	Last Name						
Debtor 2	Sylvia	Phillips		Johnson						
(Spouse, if filing)	First Name	Middle Name	•	Last Name						
United States Bar	nkruptcy Court for	the: WESTERI	N DIS	STRICT OF TEXAS						
Case number (if known)	19-11331								Check if this is a amended filing	ın
Official Form	106E/F									
Schedule E/	F: Creditors	s Who Hav	e U	nsecured Claims						12/15
Do not include any If more space is not to this page. On the space is not to this page.	y creditors with p eeded, copy the l	partially secured Part you need, t litional pages, v	d clai fill it o write	on Schedule G: Executory Coms that are listed in Schedul out, number the entries in the your name and case number ured Claims	e D: C	redito s on t	ors W	/ho H	old Claims Secur	ed by Property.
1. Do any credit	tors have priority	unsecured clai	ims a	gainst you?						
☐ No. Go t	o Part 2.									
✓ Yes.										
claim. For each show both price space is	ch claim listed, ide ority and nonpriorit	entify what type o y amounts. As r y unsecured clai	of clai much	itor has more than one priority m it is. If a claim has both prio as possible, list the claims in a ill out the Continuation Page of	rity and alphabe	d non etical	priori order	ty amo	ounts, list that clair	n here and or's name. If
(For an explar	nation of each type	of claim, see th	ne ins	tructions for this form in the ins	tructio	n boo	klet.			
						Total	clair	n	Priority amount	Nonpriority amount
2.1						\$28	3,623	3.99	\$28,623.99	\$0.00
Internal Revenue			- Las	st 4 digits of account number	. 8	9	5	2		
Priority Creditor's Nam Special Procedu		y		en was the debt incurred?	2016		<u> </u>	_		
Number Street		•	_ ••••	on was the dest mounted.	2010	,			-	
P.O. Box 7346			- As	of the date you file, the claim	is: C	neck a	all tha	at app	ly.	
			- 님	Contingent Unliquidated						
Philadelphia City		19101-7346 ZIP Code	- 님	Disputed						
Who incurred the			Tyı	oe of PRIORITY unsecured cl	aim:					
Debtor 1 only				Domestic support obligations						
Debtor 2 only Debtor 1 and D	ebtor 2 only		Ø	Taxes and certain other debts	-		-		ent	
	the debtors and a	nother	Ц	Claims for death or personal i intoxicated	rijury W	лше у	ou W	CIE		
ш	laim is for a com	munity debt		Other. Specify						
Is the claim subject	ct to offset?									
✓ No Yes										

Debtor 1 <b>Tensay Gee Johnson</b> Debtor 2 <b>Sylvia Phillips Johnson</b>	Case number (if known) 19-11331
Part 2: List All of Your NONPRIORITY	Y Unsecured Claims
Yes  4. List all of your nonpriority unsecured claims i  If a creditor has more than one nonpriority unsec type of claim it is. Do not list claims already inclu	Claims against you?  Submit this form to the court with your other schedules.  In the alphabetical order of the creditor who holds each claim.  For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.
4.1	\$1,659.00
A+ Federal Credit Unio Nonpriority Creditor's Name 6420 E Hwy 290 Number Street	Last 4 digits of account number 0 7 0 0  When was the debt incurred? 05/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated
Austin TX 78723  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card purchases
4.2  Advanta Bank Corp  Nonpriority Creditor's Name  101 Crossways Park West  Number Street	\$1,084.00  Last 4 digits of account number 7 9 7 9  When was the debt incurred? 04/2007  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated
Woodbury  NY 11797  City State ZIP Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Personal Guarantor for Four Points Platinum Invest

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$0.00 **ARA Imaging** Last 4 digits of account number <u>3 5 0 1</u> Nonpriority Creditor's Name When was the debt incurred? PO Box 4427 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed 78765-4427 **Austin** TX ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical services** Is the claim subject to offset? **☑** No Yes П 4.4 \$4,793.00 Last 4 digits of account number **AT&T Business** 6 7 6 2 Nonpriority Creditor's Name When was the debt incurred? 2012 PO Box 78045 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Phoenix** ΑZ 85062 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No ☐ Yes 4.5 \$2,573.00 **Austin Regional Clinic** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 26726 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed 78755-0726 **Austin** TX City State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

✓ No ☐ Yes

Is the claim subject to offset?

Check if this claim is for a community debt

**Medical services** 

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$36.082.00 **Bank Of America** Last 4 digits of account number <u>1 7 2 6</u> Nonpriority Creditor's Name When was the debt incurred? 08/1997 Po Box 982238 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed El Paso TX 79998 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt C-1-CV-18-011300 Is the claim subject to offset? **☑** No Yes П \$14,730.00 Last 4 digits of account number **Bank Of America** 6 9 2 6 Nonpriority Creditor's Name When was the debt incurred? 07/2005 Po Box 982238 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed El Paso TX 79998 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$507.00 Last 4 digits of account number **Bank Of America** 7 2 4 4 Nonpriority Creditor's Name When was the debt incurred? 05/2012 Po Box 982238 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed El Paso TX 79998 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only  $\overline{\mathbf{A}}$ Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No Yes Credit card purchases

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$604.00 **Bank or America** Last 4 digits of account number <u>3 3 9 9</u> Nonpriority Creditor's Name When was the debt incurred? 12/1997 4909 Savarese Cir As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Tampa FL 33634 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No Yes П 4.10 \$8,245.00 Last 4 digits of account number Chase 6 1 0 4 Nonpriority Creditor's Name When was the debt incurred? 08/1999 Po Box 15369 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Wilmington DE 19850 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No ☐ Yes 4.11 \$4,571.00 Chase Last 4 digits of account number 3 7 7 1 Nonpriority Creditor's Name When was the debt incurred? 08/1992 Po Box 15369 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Wilmington DE 19850 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another

Official Form 106E/F

Is the claim subject to offset?

Check if this claim is for a community debt

Credit card purchases

Other. Specify

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$4.329.00 Chase Last 4 digits of account number 1 <u>5</u> <u>0</u> <u>2</u> Nonpriority Creditor's Name When was the debt incurred? 02/2008 Po Box 15369 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Wilmington DE 19850 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No Yes П 4.13 \$32,010.00 Last 4 digits of account number Chase 3 0 0 3 Nonpriority Creditor's Name When was the debt incurred? 2008 Po Box 29550 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Phoenix** ΑZ 85038 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No ☐ Yes 4.14 \$4,329.00 Chase Last 4 digits of account number 1 5 0 2 Nonpriority Creditor's Name When was the debt incurred? 2012 Po Box 29550 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Phoenix** ΑZ 85038 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

✓ No ☐ Yes

Is the claim subject to offset?

Check if this claim is for a community debt

**Personal Guarantor for Four Points Platinum Invest** 

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$14.039.00 Citicards Cbna Last 4 digits of account number 1 <u>5 0 1</u> Nonpriority Creditor's Name When was the debt incurred? 02/2006 Po Box 6217 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Sioux Falls SD 57117 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No Yes П 4.16 \$11,405.00 Last 4 digits of account number Citicards Cbna 0 8 2 5 Nonpriority Creditor's Name When was the debt incurred? Po Box 6217 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Sioux Falls SD 57117 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No ☐ Yes 4.17 \$0.00 City of Round Rock Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 221 East Main As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Round Rock** 78664-5299 TX State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Other. Specify

**Notice Only** 

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.18 \$224.00 Clinical Pathology Associates Last 4 digits of account number 8 2 8 Nonpriority Creditor's Name When was the debt incurred? 2017 P.O. Box 28770 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Austin** TX 78755 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical services** Is the claim subject to offset? **☑** No Yes П 4.19 \$12,128.00 Last 4 digits of account number Compass Bank 9 3 6 Nonpriority Creditor's Name When was the debt incurred? 2015 PO Box 2210 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Decatur AL 35699-0001 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No ☐ Yes 4.20 \$5,450.00 **Dell Business Credit** Last 4 digits of account number 2 5 3 3 Nonpriority Creditor's Name When was the debt incurred? 2015 PO Box 5275 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Carol Stream** 60197-5275 IL State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

✓ No ☐ Yes

Is the claim subject to offset?

Check if this claim is for a community debt

**Personal Guarantor for Four Points Platinum Invest** 

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.21 \$1.633.00 **Discover Fin Svcs Llc** Last 4 digits of account number 7 2 5 3 Nonpriority Creditor's Name When was the debt incurred? 06/2009 Pob 15316 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Wilmington DE 19850 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No Yes П 4.22 \$2,132.00 Last 4 digits of account number First Electronic Bank 7 5 1 8 Nonpriority Creditor's Name When was the debt incurred? 08/2007 2150 S 1300 E Ste 400 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Salt Lake City UT 84106 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No ☐ Yes 4.23 \$0.00 **Ford Motor Credit Comp** Last 4 digits of account number 5 0 2 7 Nonpriority Creditor's Name When was the debt incurred? 02/2015 Pob 542000 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Omaha NE 68154 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Notice Only** 

✓ No ☐ Yes

Is the claim subject to offset?

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.24 \$2,538.25 Fred E. Walker, P.C. Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 09/18/2019 609 Castle Ridge Road As of the date you file, the claim is: Check all that apply. Number Suite 220 ☐ Contingent Unliquidated Disputed TX 78746 Austin State ZIP Code City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Attorney Fees** Is the claim subject to offset? **☑** No Yes П 4.25 \$998.00 Last 4 digits of account number Kohls 8 2 5 4 Nonpriority Creditor's Name When was the debt incurred? 12/2012 Po Box 3115 Street As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Milwaukee WI 53201 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? No  $\square$ Yes 4.26 \$3,334.00

∟onestar Hospital Med Assoc	Last 4 digits of account number					
Nonpriority Creditor's Name	When was the debt incurred? 2017					
Number Street	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated					
Cincinnati OH 45263	Disputed					
State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  s the claim subject to offset?	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Medical services					

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.27 \$1,337.00 Longhorn Emergency Medical Assoc Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2017 PO Box 638761 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Cincinnati OH 75263 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical services** Is the claim subject to offset? **☑** No Yes П \$72.00 Last 4 digits of account number **North Austin Medical Center** Nonpriority Creditor's Name When was the debt incurred? 2015 Box 99587 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Louisville KY 40269 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical services** Is the claim subject to offset? **☑** No ☐ Yes 4.29 \$5,675.00 Sears/Citi Last 4 digits of account number 1 5 6 6 Nonpriority Creditor's Name When was the debt incurred? 11/2005 Po Box 6217 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Sioux Falls SD 57117 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt J2-CV-19-002960

✓ No ☐ Yes

Is the claim subject to offset?

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.30 \$12.661.00 St David's North Austin Medical Last 4 digits of account number 7 2 6 3 Nonpriority Creditor's Name When was the debt incurred? 2017 PO Box 740794 As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Cincinnati OH 45274 State ZIP Code City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical services** Is the claim subject to offset? **☑** No Yes 65118949 4.31 \$6,835.00 Syncb/gap Last 4 digits of account number 9 8 3 3 Nonpriority Creditor's Name When was the debt incurred? 11/2012 Po Box 965005 As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Orlando FL 32896 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce

that you did not report as priority claims

Other. Specify

Credit card purchases

Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.32 \$1,205,00 Syncb/rooms To Go Last 4 digits of account number 2 3 1 1 Nonpriority Creditor's Name When was the debt incurred? 12/2015 C/o Po Box 965036 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Orlando FL 32896 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No Yes П 4.33 \$2,449.00 Last 4 digits of account number Syncb/sams Club Dc 0 6 2 4 Nonpriority Creditor's Name When was the debt incurred? 09/2015 Po Box 965005 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Orlando FL 32896 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No ☐ Yes 4.34 \$1,442.00 Synchrony Bank / Care Credit Last 4 digits of account number 0 6 2 4 Nonpriority Creditor's Name When was the debt incurred? **Att: Bankruptcy Department** Street As of the date you file, the claim is: Check all that apply. Number PO Box 965060 Contingent Unliquidated Disputed Orlando 32896-5060 FL City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

✓ No ☐ Yes

Is the claim subject to offset?

Check if this claim is for a community debt

Credit card purchases

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.35 \$3.641.00 Target Last 4 digits of account number <u>6 7 9 8 </u> Nonpriority Creditor's Name When was the debt incurred? 05/2010 Po Box 673 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Minneapolis MN 55440 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No Yes П \$4,071.00 Last 4 digits of account number The Austin Diagnostic Clinic 5 8 7 2 Nonpriority Creditor's Name 2017 When was the debt incurred? PO Box 843768 Street As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Dallas** TX 75284-3768 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical services** Is the claim subject to offset? **☑** No ☐ Yes 4.37 \$3,713.00 The Home Depot Last 4 digits of account number 4 3 5 1 Nonpriority Creditor's Name When was the debt incurred? 05/2010 Po Box 6497 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Sioux Falls SD 57117 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Credit card purchases Is the claim subject to offset?

✓ No ☐ Yes Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.38 \$2.827.00 The Home Depot Last 4 digits of account number 1 4 8 Nonpriority Creditor's Name When was the debt incurred? 2014 Po Box 6497 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Sioux Falls SD 57117 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No Yes П 4.39 \$1,573.00 Last 4 digits of account number The Home Depot 8 1 7 0 Nonpriority Creditor's Name When was the debt incurred? Po Box 6497 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Sioux Falls SD 57117 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit card purchases Is the claim subject to offset? **☑** No ☐ Yes 4.40 \$238.00 Travis County Emergency Medical Services Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 15 Waller St. As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Austin** TX 78702 City State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Medical services** 

✓ No ☐ Yes

Is the claim subject to offset?

Debtor 1 **Tensay Gee Johnson** Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.41 \$1,264,00 Valero Marketing and Supply Last 4 digits of account number 2 9 7 4 Nonpriority Creditor's Name When was the debt incurred? 2008 PO box 300 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Amarillo 79105 TX ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No Yes П 4.42 \$10,306.00 Last 4 digits of account number Vallen Distributions 6 0 0 0 Nonpriority Creditor's Name When was the debt incurred? 2015 c/o Barr Credit As of the date you file, the claim is: Check all that apply. Number Street 5151 E Broadway, St 800 Contingent Unliquidated Disputed Tucson ΑZ 58711 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No ☐ Yes 4.43 \$0.00 **Vw Credit Inc** Last 4 digits of account number 4 1 3 9 Nonpriority Creditor's Name When was the debt incurred? 08/2015 1401 Franklin Blvd As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Libertyville IL 60048 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

✓ No ☐ Yes

Is the claim subject to offset?

Check if this claim is for a community debt

**Notice Only** 

Debtor 1 **Tensay Gee Johnson** Sylvia Phillips Johnson Debtor 2 Case number (if known) 19-11331 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.44 \$9.026.00 Wells Fargo Business Last 4 digits of account number <u>5</u> <u>7</u> <u>1</u> <u>3</u> Nonpriority Creditor's Name When was the debt incurred? 2008 PO Box 29482 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Phoenix** 85038 ΑZ State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Guarantor for Four Points Platinum Invest** Is the claim subject to offset? **☑** No Yes П 4.45 \$0.00 Wells Fargo Hm Mortgag Last 4 digits of account number 6 5 5 6 Nonpriority Creditor's Name When was the debt incurred? 11/14/2005 Po Box 10335 Street As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed **Des Moines** IA 50306 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce

that you did not report as priority claims

Other. Specify

**Notice Only** 

Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No ☐ Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1	Tensay Gee Johnson		
Debtor 2	Sylvia Phillips Johnson	Case number (if known)	19-11331

## Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

		On which entry in Part 1 or Part 2 did you list the original creditor?				
		Line <b>4.27</b> of (Check one):  Part 1: Creditors with Priority Unsecured Claims				
		Part 2: Creditors with Nonpriority Unsecured Claims				
		Last 4 digits of account number				
OH	44333	<u> </u>				
State	ZIP Code					
		On which entry in Part 1 or Part 2 did you list the original creditor?				
		Line 4.24 of (Check and):   Part 1: Creditors with Priority Unsequed Claims				
		Line 4.31 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
		Part 2: Creditors with Nonpriority Unsecured Claims				
		Last 4 digits of account number				
		<u> </u>				
State	ZIP Code					
		On which entry in Part 1 or Part 2 did you list the original creditor?				
		Line <b>4.14</b> of (Check one):  Part 1: Creditors with Priority Unsecured Claims				
		Part 2: Creditors with Nonpriority Unsecured Claims				
		Last 4 digits of account number 1 0 9 0				
CA		<u> </u>				
State	ZIP Code					
		On which entry in Part 1 or Part 2 did you list the original creditor?				
		Line <b>4.4</b> of (Check one):  Part 1: Creditors with Priority Unsecured Claims				
		Part 2: Creditors with Nonpriority Unsecured Claims				
		<u> </u>				
CΔ	94524	Last 4 digits of account number 1 0 9 0				
State	ZIP Code					
llection A	gency	On which entry in Part 1 or Part 2 did you list the original creditor?				
		Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
		Part 2: Creditors with Nonpriority Unsecured Claims				
		—— Last 4 digits of account number				
NY	10523	<u> </u>				
	CA State	OH 43236 State ZIP Code  CA 94524 State ZIP Code  CA 94524 State ZIP Code  Ilection Agency  NY 10523				

Debtor 1 Tensay Gee Johnson

Debtor 2 Sylvia Phillips Johnson

Case number (if known) 19-11331

## Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

ARS National Servic	es		On which entry in Part 1 or P	art 2	2 did you list the original creditor?			
Name <b>PO Box 463023</b>			Line <b>4.38</b> of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims					
Number Street					Part 2: Creditors with Nonpriority Unsecured Claims			
			— — Last 4 digits of account num	ber	4 5 1 2			
Escondido	CA	92046	_					
City	State	ZIP Code						
Atlantic Credit & Fin	ance, Inc.		On which entry in Part 1 or P	art 2	2 did you list the original creditor?			
Name <b>PO Box 13386</b>			Line 4.31 of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims			
Number Street			<u> </u>	$\overline{\mathbf{Q}}$	Part 2: Creditors with Nonpriority Unsecured Claims			
				<b>.</b>				
Roanoke	VA	24033	<ul> <li>Last 4 digits of account num</li> </ul>	ber				
City	State	ZIP Code	_					
BARR Credit Svcs			On which entry in Part 1 or P	art 2	2 did you list the original creditor?			
Name 5151 E Broadway bl	vd. St 800		Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims			
Number Street			Collection agency for  Vallen Distributions		Part 2: Creditors with Nonpriority Unsecured Claims			
			Last 4 digits of account num	ber				
Tucson	AZ	85711			<del></del>			
City	State	ZIP Code						
Capio Partners Llc			On which entry in Part 1 or P	art 2	2 did you list the original creditor?			
Name 2222 Texoma Pkwy	Ste 150		Line 4.28 of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims			
Number Street			<u> </u>		Part 2: Creditors with Nonpriority Unsecured Claims			
				hor				
Sherman	TX	75090	<ul> <li>Last 4 digits of account num</li> </ul>	Dei	8 2 8 0			
City	State	ZIP Code	<del>_</del>					
Capital Management	t Services		On which entry in Part 1 or P	art 2	2 did you list the original creditor?			
Name 698 I/2 South Ogden	Street		Line 4.29 of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims			
Number Street					Part 2: Creditors with Nonpriority Unsecured Claims			
			_	V				
Buffalo	NY	14206-2317	<ul> <li>Last 4 digits of account num</li> </ul>	ber				
City	State	ZIP Code	_					
Caraan Smithfield I	1.0		On which entry in Part 1 or P	ort 1	2 did you list the original creditor?			
Carson Smithfield, L Name	.LC		_					
PO box 9216			Lineof (Check one):		Part 1: Creditors with Priority Unsecured Claims			
Number Street			_		Part 2: Creditors with Nonpriority Unsecured Claims			
			Last 4 digits of account num	ber				
Old Bethpage City	NY State	<b>11804</b> ZIP Code	_		— — — —			
- 9	0.0.0							

Debtor 1 Tensay Gee Johnson

Debtor 2 Sylvia Phillips Johnson

Case number (if known) \_\_\_\_19-11331

# Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Credit Control Corp Name PO box 120630			On which entry in Part 1 or Part 2 did you list the original creditor?	
			Line 420 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number Street			Line 4.29 Of (Check One).	Part 2: Creditors with Nonpriority Unsecured Claims
	3/4	00040	Last 4 digits of account numl	per
Newport News City	VA State	<b>23612</b> ZIP Code		
O.Ly	Otato	211 0000		
Credit Corp Solu	utions		On which entry in Part 1 or P	art 2 did you list the original creditor?
63 East 11400 S	408		Line 4.34 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number Street			<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims
			—— Last 4 digits of account numl	ner.
Sandy	UT	84070	Last 4 digits of account num	<u> </u>
City	State	ZIP Code		
Credit Management Lp			On which entry in Part 1 or P	art 2 did you list the original creditor?
Name <b>Po Box 118288</b>			Line <b>4.3</b> of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number Street				Part 2: Creditors with Nonpriority Unsecured Claims
				T art 2. Groundle with Horiphority endoduced chains
			Last 4 digits of account numl	per 6 7 2 0
Carrollton	TX	75011		<del></del>
City	State	ZIP Code		
Encore Receivable			On which entry in Part 1 or Part 2 did you list the original creditor?	
Name PO Box 3330			Line <b>4.34</b> of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number Street				
				Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account numl	per
Olathe	KS	66063		
City	State	ZIP Code		
Firstsource Advantage, LLC			On which entry in Part 1 or P	art 2 did you list the original creditor?
Name PO Box 628			Line <b>4.35</b> of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number Street			co or (erreak erre).	
			<u></u>	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account numl	per
Buffalo	NY	14240		<del></del>
City	State	ZIP Code		
GC Services		On which entry in Part 1 or Part 2 did you list the original creditor?		
Name PO Box 3855			Line <b>4.37</b> of (Check one)	Part 1: Creditors with Priority Unsecured Claims
Number Street				Part 2: Creditors with Nonpriority Unsecured Claims
			<u> </u>	r art 2. Greations with Non-phonity offsecured Claims
			— Last 4 digits of account numl	per
Houston	TX	77253		
City	State	ZIP Code		

Case number (if known) \_\_\_\_19-11331

GC Services	On which entry in Part 1 or Part 2 did you list the original creditor?							
Name PO Box 3855			— Line	4 1 1	of	(Check one):	_	Part 1: Creditors with Priority Unsecured Claims
Number Street				4.11		(Oneck one).	$\Box$	Part 2: Creditors with Nonpriority Unsecured Claims
			— — Last	4 diaits	s of	account num	ber	
Houston City	TX State	<b>77253</b> ZIP Code	_	<b>g</b>				
Global Credit & Collect	ion Cor	•	On w	hich er	ntry	in Part 1 or F	art 2	did you list the original creditor?
Name 5440 N Cumberland Av	e, Ste 3	00	Line	4.39	of	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street			_		_		$\overline{\mathbf{A}}$	Part 2: Creditors with Nonpriority Unsecured Claims
		00050	— Last	4 digits	s of	account num	ber	
Chicago City	IL State	<b>60656</b> ZIP Code						
HRRG Collection			On w	hich er	ntry	in Part 1 or F	Part 2	did you list the original creditor?
PO Box 8486			Line	4.27	of	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street			_				V	Part 2: Creditors with Nonpriority Unsecured Claims
Canal Carriera	-	22075	— Last	4 digits	s of	account num	ber	
City City	FL State	<b>33075</b> ZIP Code						
HRRG Collection			On w	hich er	ntry	in Part 1 or F	art 2	did you list the original creditor?
PO Box 8486			Line	4.26	of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street							$\overline{\mathbf{A}}$	Part 2: Creditors with Nonpriority Unsecured Claims
Corol Springs		33075	— Last	4 digits	s of	account num	ber	
City City	FL State	ZIP Code	<u> </u>					
IC System, Inc.			On w	hich er	ntry	in Part 1 or F	art 2	did you list the original creditor?
Name 444 Hwy. 96 East			Line	4.36	of	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street P.O. Box 64887			_		_		$\overline{\mathbf{A}}$	Part 2: Creditors with Nonpriority Unsecured Claims
St Paul	MN	55161.0007	— Last	4 digits	s of	account num	ber	
St. Paul City	State	<b>55164-0887</b> ZIP Code	_					
Justice of the Peace			On w	hich er	ntry	in Part 1 or F	Part 2	did you list the original creditor?
Precinct 2			Line	4.29	of	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street 10409 Burnet Rd, Ste 1	80				-		$\overline{\square}$	Part 2: Creditors with Nonpriority Unsecured Claims
Austin	TX	78758	— Last	4 digits	s of	account num	ber	
City	State	ZIP Code						

Case number (if known) \_\_\_19-11331

LTD Financial Service	On which entry in Part 1 or Part 2 did you list the original creditor?								
Name 7322 Southwest Freev	vav Suite	1600	Line_4	Line <b>4.19</b> of (Check one):  Part 1: Creditors with Priority Unsecured C					
Number Street	vay, out	7 1000		<u>13</u> 01	(Check one).	N L	Part 2: Creditors with Nonpriority Unsecured Claims		
			<del></del>			Į.	, ,		
Houston	TV	77074	— Last 4 di	gits of	account num	ber			
City	TX State	ZIP Code							
MaCarthy Burgass 8	\Malf		On which	h amam.	in Dout 4 or D		2 did you list the seining and the		
McCarthy, Burgess & Name	WOII		On which	n entry	in Part 1 or P	art 2	did you list the original creditor?		
26000 Cannon Road			Line _ <b>4.</b>	<b>38</b> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims		
Number Street						$   \sqrt{} $	Part 2: Creditors with Nonpriority Unsecured Claims		
			— Last 4 di	aits of	account num	ber			
Cleveland	ОН	44146		g c.					
City	State	ZIP Code							
McCarthy, Burgess &	Wolf		On whic	h entry	in Part 1 or P	art 2	did you list the original creditor?		
Name 26000 Cannon Road	Line <b>4</b>	<b>.4</b> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims				
Number Street						$\overline{\mathbf{V}}$	Part 2: Creditors with Nonpriority Unsecured Claims		
		— Last 4 digits of account number							
Cleveland	— Last 4 di	gits or	account num	ber					
City	State	<b>44146</b> ZIP Code							
Medicredit, Inc			On whic	h entry	in Part 1 or P	art 2	did you list the original creditor?		
Name PO Box 1629			 Line <b>4</b> .:	<b>30</b> of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims		
Number Street					(	_	Part 2: Creditors with Nonpriority Unsecured Claims		
							, , , , , , , , , , , , , , , , , , ,		
Manadan dillababa		00040	— Last 4 di	gits of	account num	ber			
Maryland Heights City	MO State	<b>63043</b> ZIP Code	<u></u>						
Medicredit, Inc Name			On whic	h entry	in Part 1 or P	art 2	did you list the original creditor?		
PO Box 1629			Line 4.	<b>28</b> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims		
Number Street						V	Part 2: Creditors with Nonpriority Unsecured Claims		
			l ast 4 di	aite of	account num	hor			
Maryland Heights	МО	63043	Last 4 ui	gits of	account num	Dei			
City	State	ZIP Code	<del></del>						
Mercantile Adjustmen	t Bureau		On whic	h entry	in Part 1 or P	art 2	did you list the original creditor?		
Name PO box 9055			 Line 4	<b>25</b> ∩f	(Check one):		Part 1: Creditors with Priority Unsecured Claims		
Number Street					(Oncor one).		Part 2: Creditors with Nonpriority Unsecured Claims		
			<del></del> -			V	. a a. areatters man recipionly choosered dialine		
	NY	1/1224	— Last 4 di	gits of	account num	ber			
Williamsville City	State	<b>14231</b> ZIP Code							

Merchants and M	ledical		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name	_		<del>_</del>						
Number Street	<u> </u>		Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims						
			Part 2: Creditors with Nonpriority Unsecured Claims						
			Last 4 digits of account number						
Flint	MI	48507	<u> </u>						
City	State	ZIP Code							
Merchants&profe	essional		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 11921 North Mop	ac Expwy #21	0	Line <b>4.17</b> of <i>(Check one):</i> $\square$ Part 1: Creditors with Priority Unsecured Claims						
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims						
			—— Last 4 digits of account number 7 4 7 4						
Austin	TX	78714	<u> </u>						
City	State	ZIP Code							
Merchants&profe	essional		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 11921 North Mop	ac Expwy #21	0	Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims						
Number Street	<u> =,</u>		Part 2: Creditors with Nonpriority Unsecured Claims						
			Last 4 digits of account number 7 4 7 4						
Austin City	TX State	<b>78714</b> ZIP Code	_						
City	State	Zii Code							
Midland Credit M	anagement		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 8875 Aero Drive,	Ste. 200		Line 4.37 of (Check one):  Part 1: Creditors with Priority Unsecured Claims						
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims						
			<b>_</b>						
O D'		00400	Last 4 digits of account number						
San Diego City	CA State	<b>92123</b> ZIP Code	<u>—</u>						
,									
Midland Credit M	anagement		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 8875 Aero Drive,	Ste. 200		Line 4.32 of (Check one):  Part 1: Creditors with Priority Unsecured Claims						
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims						
			— Last 4 digits of account number						
San Diego City	CA State	<b>92123</b> ZIP Code	<u> </u>						
Oity	Oldic	211 0000							
Midland Credit M	anagement		On which entry in Part 1 or Part 2 did you list the original creditor?						
Name 8875 Aero Drive,	Ste. 200		Line <b>4.31</b> of <i>(Check one):</i> $\square$ Part 1: Creditors with Priority Unsecured Claims						
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims						
			— Last 4 digits of account number						
San Diego City	CA State	<b>92123</b> ZIP Code	<u> </u>						
•	0								

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Midland Funding			On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.31 of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Name 320 East Big Beaver	•							
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
			— Last 4 digits of account number 7 6 9 5					
Troy	MI	48083						
City	State	ZIP Code						
Midwest Recovery	Systems		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name PO box 899			Line 4.27 of (Check one):   Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
			_					
Florissant	MO	63032	— Last 4 digits of account number					
City	State	ZIP Code	_					
Morgan & Associate	es		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name 2601 N.W. Expressw	vav. suite 2	05 East	Line <b>4.39</b> of <i>(Check one):</i> $\square$ Part 1: Creditors with Priority Unsecured Claims					
Number Street	,		Part 2: Creditors with Nonpriority Unsecured Claims					
			_					
Oldeberre O'ter	01/	70440 7000	— Last 4 digits of account number					
Oklahoma City City	OK State	<b>73112-7229</b> ZIP Code	_					
Moss Law Firm Name			On which entry in Part 1 or Part 2 did you list the original creditor?					
PO Box 3340			Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
			_					
Lubbock	TX	79452	— Last 4 digits of account number					
City	State	ZIP Code	_					
<b>MD</b> 0			Out which codes in Boat 4 on Boat 9. If he continue and the design of the continue of the second state of					
MRS Name			On which entry in Part 1 or Part 2 did you list the original creditor?					
10101 Harwin, Ste. 2	260		Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
			— Look A Polite of account wombon					
Houston	TX	77036	— Last 4 digits of account number					
City	State	ZIP Code	_					
Municipal Services	Bureau		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			_					
P.O. Box 16755 Number Street			Line 4.40 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
			Part 2: Creditors with Nonpriority Unsecured Claims					
			Last 4 digits of account number					
Austin	TX	78761						
City	State	ZIP Code						

Nationwide Credit, Inc. Name PO Box 26314			On which entry in Part 1 or Part 2 did you list the original creditor?					
			Line 444 of (Check and): Dept 1: Creditors with Priority Unaccured Claims					
Number Street			Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
			Part 2: Creditors with Nonpriority Unsecured Claims					
			Last 4 digits of account number					
Lehigh Valley City	PA State	<b>18002</b> ZIP Code	_					
City	State	ZIP Code						
NPAS, Inc			On which entry in Part 1 or Part 2 did you list the original creditor?					
PO Box 99400			Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
			—— Last 4 digits of account number					
Louisville	KY	40269						
City	State	ZIP Code						
Portfolio Recov Assoc			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name 150 Corporate Blvd			Line 4.34 of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
			—— Last 4 digits of account number 0 6 2 4					
Norfolk	VA	23502						
City	State	ZIP Code						
Portfolio Recov Assoc			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name 150 Corporate Blvd			Line 4.34 of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
			—— Last 4 digits of account number 0 8 2 5					
Norfolk	VA	23502						
City	State	ZIP Code						
Portfolio Recov Assoc			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name 150 Corporate Blvd			Line 4.33 of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims					
Norfolk	VA	23502	— Last 4 digits of account number <u>0 6 2 4</u>					
City	State	ZIP Code						
Portfolio Recov Assoc			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name 150 Corporate Blvd			Line <b>4.16</b> of <i>(Check one)</i> :  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Priority Unsecured Claims					
 Norfolk	VA	23502	Last 4 digits of account number 0 8 2 5					
City	State	ZIP Code						

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PRA Receivables Mgmt, LLC			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name PO Box 41021			 Line	of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims	
Number Street					(======================================		Part 2: Creditors with Nonpriority Unsecured Claims	
			— — Last 4	l diaits of	f account num	ber		
Norfolk	VA	23541-1021	_	J				
City	State	ZIP Code						
Scott & Associates PC			On wi	hich entry	y in Part 1 or F	Part 2	did you list the original creditor?	
PO Box 115220			Line _	<b>4.7</b> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims	
Number Street			_				Part 2: Creditors with Nonpriority Unsecured Claims	
			— Last 4	l digits of	f account num	ber		
City	TX State	<b>75011</b> ZIP Code	_					
Scott & Associates PC			On wi	hich entry	y in Part 1 or F	art 2	did you list the original creditor?	
Name <b>PO Box 115220</b>			Line	<b>4.6</b> of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims	
Number Street							Part 2: Creditors with Nonpriority Unsecured Claims	
				l digits of	f account num	ber		
City	TX State	<b>75011</b> ZIP Code	_					
Stillman Law Firm			On wl	hich entry	y in Part 1 or F	art 2	did you list the original creditor?	
Name 50 Tower Office Park			Line	<b>4.36</b> of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims	
Number Street			_		(		Part 2: Creditors with Nonpriority Unsecured Claims	
Woburn	MA	01901	— Last 4	l digits of	f account num	ber		
City	State	<b>01801</b> ZIP Code	_					
Travia County District	Clauk		On wi	hiah antri	v in Port 1 or F	lart ?	) did you liet the original graditor?	
Travis County District Name	Clerk		On wi	ilicii eliti	y III Fait I OI F	ait 2	did you list the original creditor?	
PO Box 679003 Number Street			Line _	<b>4.6</b> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims	
Number Street							Part 2: Creditors with Nonpriority Unsecured Claims	
Austin	TX	78767	— Last 4	l digits of	f account num	ber		
City	State	ZIP Code	_					
United Collection Bure	au		On wl	hich entry	y in Part 1 or F	art 2	did you list the original creditor?	
Name PO box 140310			Line	<b>4.38</b> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims	
Number Street					,		Part 2: Creditors with Nonpriority Unsecured Claims	
			— Last 4	l digits of	f account num	ber		
Toledo City	OH State	<b>43614</b> ZIP Code	_					

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United Collection I	Bureau		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name <b>PO box 140310</b>			Line <b>4.14</b> of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street								
			Part 2: Creditors with Nonpriority Unsecured Claims					
Toledo	ОН	43614	— Last 4 digits of account number					
City	State	ZIP Code						
United States Atto	rney		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name Civil Process Cler	k		Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
Number Street 601 N. W. Loop 410	0, Suite 600		Part 2: Creditors with Nonpriority Unsecured Claims					
			—— Last 4 digits of account number					
San Antonio	TX	78216	<u> </u>					
City	State	ZIP Code						
United States Atto	rney Genera	I	On which entry in Part 1 or Part 2 did you list the original creditor?					
Name Department of Jus	stice		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims					
Number Street 950 Pennsylvania	Ave., N.W.		Part 2: Creditors with Nonpriority Unsecured Claims					
			—— Last 4 digits of account number					
Washington	DC	20530						
City	State	ZIP Code						
Valentine & Kebar	tas, Inc		On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			Line 4.20 of (Check and): Dort 1: Craditors with Priority Unaccured Claims					
PO Box 325 Number Street			Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
			Part 2: Creditors with Nonpriority Unsecured Claims					
			Last 4 digits of account number 8 6 6 0					
Lawrence	MA	01842	<u> </u>					
City	State	ZIP Code						

# Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nomi are i	6b.	Taxes and certain other debts you owe the government	6b.	\$28,623.99
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	<b>+</b> \$0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$28,623.99
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts		\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>.</b>	+\$237,732.25
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$237,732.25

Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Tensay First Name	<b>Gee</b> Middle Name	Johnson Last Name	
Debtor 2	Sylvia	Phillips	Johnson	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS	
Case number	19-11331			☐ Check if this is ar
(if known)				amended filing

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
  is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
  executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

2.1 Fred E. Walker, P.C.
Name
609 Castle Ridge Road
Number Street
Suite 220

Austin TX 78746
City State ZIP Code

State what the contract or lease is for attorney client agreement
Contract to be ASSUMED

Fil	II in this ir	nformation to i	dentify your case:				
Del	btor 1	Tensay	Gee	Johns	son		
		First Name	Middle Name	Last Na	ime		
	btor 2 bouse, if filing	Sylvia g) First Name	Phillips Middle Name	Johns Last Na		_	
Uni	ited States B	ankruptcy Court fo	or the: WESTERN DIS	TRICT O	FTEXAS		
	se number known)	19-11331					Check if this is an amended filing
Off	icial Forr	m 106H					
Scl	hedule H	l: Your Cod	ebtors				12/15
need page	ded, copy the. On the to	e Additional Page	e, fill it out, and numbe al Pages, write your na	r the entrie	es in the boxes ase number (if	on the	rect information. If more space is ne left. Attach the Additional Page to this n). Answer every question. e as a codebtor.)
	include Arize  No. Go Yes. D  Yes. D  In  Sinature  10	ona, California, Ida o to line 3. bid your spouse, fo o es which community ylvia Johnson	Tho, Louisiana, Nevada, rmer spouse, or legal ecustrate or territory did you	New Mexicon de la company de l	co, Puerto Rico,	, Texa	(Community property states and territories is, Washington, and Wisconsin.)  e?  I in the name and current address of that person.
	_						_
	Aı Cit	ustin ty	T)	k ate	<b>78726</b> ZIP Code		_
	person sho creditor on Schedule D	wn in line 2 again Schedule D (Offic	as a codebtor only if the cial Form 106D), Scheet ar Schedule G to fill out	that persondule E/F (C	n is a guaranto Official Form 10	or or o	r if your spouse is filing with you. List the cosigner. Make sure you have listed the ), or Schedule G (Official Form 106G). Use
	_					(	Check all schedules that apply:
3.1	Four Po	oints Platinum N	lachining, LLC			-	Schedule D, line
		Metropolitan Street				-	Schedule E/F, line 4.2
						- 1	Schedule G, line
	Austin City		TX State	<b>78758</b> ZIP Cod		-	Advanta Bank Corp

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## **Additional Page to List More Codebtors**

	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.2	Four Points Platinum Machini	ng, LLC		Schedule D, line
	10105 Metropolitan			
	Number Street			<del></del>
				Schedule G, line
	Austin	TX State	<b>78758</b> ZIP Code	AT&T Business
	City	State	ZIP Code	
3.3	Four Points Platinum Machini	ng, LLC		Schedule D, line
	Number Street			<u> </u>
				Schedule G, line
	Austin	TX	78758	Chase
	City	State	ZIP Code	
3.4	Four Points Platinum Machini	ng, LLC		Schedule D, line
	10105 Metropolitan			
	Number Street			<del>_</del>
				Schedule G, line
	Austin	TX State	78758	Chase
	City	State	ZIP Code	
3.5	Four Points Platinum Machini	ng, LLC		Schedule D, line
	Name 10105 Metropolitan			<del></del>
	Number Street			Schedule E/F, line 4.19
				Schedule G, line
	Austin	TX	78758	Compass Bank
	City	State	ZIP Code	
3.6	Four Points Platinum Machini	ng, LLC		— 0.1 .1. 0."
	Name			Schedule D, line
	10105 Metropolitan Number Street			Schedule E/F, line 4.20
				Schedule G, line
	Austin	TX	78758	Dell Business Credit
	City	State	ZIP Code	<del></del>
0.7	Four Points Platinum Machini	na IIC		
3.7	Name	ng, LLC		Schedule D, line
	10105 Metropolitan			Schedule E/F, line 4.38
	Number Street			Schedule G, line
				The Home Depot
	Austin City	TX State	<b>78758</b> ZIP Code	——
	- 9			

Debtor 1	Tensay Gee Johnson
Debtor 2	Sylvia Phillips Johnson

Case number (if known) 19-11331

# Additional Page to List More Codebtors

	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.8	Four Points Platinum Machining Name 10105 Metropolitan Number Street	g, LLC		Schedule D, line Schedule E/F, line
	Austin City	TX State	<b>78758</b> ZIP Code	□ Schedule G, line Valero Marketing and Supply
3.9	Four Points Platinum Machining Name 10105 Metropolitan Number Street	g, LLC		Schedule D, line Schedule E/F, line4.42
	Austin City	TX State	<b>78758</b> ZIP Code	Schedule G, line Vallen Distributions
3.10	Four Points Platinum Machining Name 10105 Metropolitan Number Street	g, LLC		Schedule D, line Schedule E/F, line A.44 Schedule G, line
	Austin	TX	78758	Wells Fargo Business

ZIP Code

State

Fill in this infor	mation to identify	y your case:			
Debtor 1	Tensay	Gee	Johnson		
	First Name	Middle Name	Last Name	C	Check if this is:
Debtor 2	Sylvia	Phillips	Johnson	_	☐ An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	L	7 th difference filling
United States Bank	United States Bankruptcy Court for the:  Case number 19-11331		WESTERN DISTRICT OF TEXAS		A supplement showing postpetition chapter 13 income as of the following date:
Case number					chapter to income ac crane tono ming date.
(if known)					MM / DD / YYYY

#### Official Form 106I

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

Fill in your employment information.		Debto	r 1			Del	otor 2 or non-fili	ng spou	se	
If you have more than one job, attach a separate page with information about	Employment status	=	mployed ot employed				Employed Not employed			
additional employers.	Occupation	Self-e	mployed			Off	ice Techniciar	า		
Include part-time, seasonal, or self-employed work.	Employer's name	Four I	Points Platinu	m Inv	estment,	Te	xas Dept of Tra	ansport	ation	
Occupation may include student or homemaker, if it applies.	Employer's address	10128 Barbrook Dr Number Street			5 E 11th St ober Street			_		
		Austin	n	TX	78726		stin	TX	78701	_
		City		State	Zip Code	City		State	Zip Code	
	How long employed tl	nere?	since 2007				1/2019			

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Deptor 1	non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$3,998.08	\$3,200.00
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$3,998.08	\$3,200.00

Case number (if known) 19-11331

			F	For Debtor 1	For Debto non-filing			
	Cop	by line 4 here	4.	\$3,998.08	\$3,20		_	
5.	•	all payroll deductions:		<del></del>		<del>70.00</del>		
J.		Tax, Medicare, and Social Security deductions	5a.	\$770.85	\$31	7.04		
		Mandatory contributions for retirement plans	5b.	\$0.00		04.00		
		Voluntary contributions for retirement plans	5c.	\$0.00		0.00		
		Required repayments of retirement fund loans	5d.	\$0.00		0.00		
		Insurance	5e.	\$0.00		57.70		
	5f.	Domestic support obligations	5f.	\$0.00		0.00		
	5g.	Union dues	5g.	\$0.00		0.00		
		Other deductions.	- 5	· · · · · · · · · · · · · · · · · · ·				
		Specify: See continuation sheet	5h. <b>+</b>	\$0.00	\$9	0.09		
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$770.85	\$1,27	78.83		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,227.23	\$1,92	21.17		
8.	List	all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$2,544.34		0.00		
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b.	Interest and dividends	8b.	\$0.00		0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		0.00		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d.	Unemployment compensation	8d.	\$0.00	\$	0.00		
	8e.	Social Security	8e.	\$0.00		0.00		
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$0.00		0.00		
	8g.	Pension or retirement income	8g.	\$0.00		0.00		
	8h.	Other monthly income. Specify:	8h. <b>+</b>	\$0.00		0.00		
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$2,544.34		00.0		
10.		culate monthly income. Add line 7 + line 9.	10.	\$5,771.57	+ \$1,92	21.17 :	= \$7,692.74	
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L					
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.							
	Do r	not include any amounts already included in lines 2-10 or amounts that	t are no	t available to pay	expenses liste	ed in Sch	edule J.	
		cify:					+\$0.00	
4.0			<b>-</b> .	10.5		4.0	<b>AT 222 T</b>	
12.		I the amount in the last column of line 10 to the amount in line 11.  me. Write that amount on the Summary of Your Assets and Liabilities				12.	<u>\$7,692.74</u>	
		applies.	O	Janonou II			Combined	
40	<b>D</b> -	and a second	L!	2			monthly income	
13.	טס ז	you expect an increase or decrease within the year after you file the						
	<ul> <li>No.</li> <li>Yes. Explain:</li> <li>Debtor anticipates generating more income from his business (by hiring more sales employess) and actually running in the black once some of the debt is discharged. Debtor's income from the business was excluded from the MT because the expenses exceeded the income.</li> </ul>							

Case number (if known) 19-11331

5h.	Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
	<u>Dental</u>		\$32.59
	vision		\$18.96
	Life Insurance		\$4.68
	AD&D		\$4.00
	Dep life		\$1.38
	Disability insurance		\$28.48
		Totals: \$0.00	\$90.09

Case number (if known) 19-11331

8a. Attached Statement (Debtor 1)

#### **Four Points Platinum**

Gross Monthly Income:			\$34,520.65
Expense	Category	Amount	
Costs of Good Sold	Cost of Goods Sold	\$3,779.84	
Professional	Fees	\$862.48	
Payroll, taxes, etc.	Payroll	\$10,554.00	
Medical	Expense	\$286.00	
Utilities	Utilities	\$776.00	
Office Expenses/Supplies, misc.	Office Expense	\$252.00	
Meal and Entertainment	Meals and Entertainment	\$670.00	
Material	Material	\$721.85	
Repairs and Maintenance	Repairs and maintenance	\$495.07	
Telephone	Telephone	\$359.18	
Uncategorized	Uncategorized	\$222.00	
Contract Labor	Contract Labor	\$1,061.00	
Taxes and Licenses	Taxes and Licenses	\$143.00	
Auto	Automobile	\$1,120.73	
Accounting	Professional Fees	\$862.00	
Advertising, licenses	Miscellaneous	\$208.00	
Rent	Rent/Lease/equipment	\$7,746.90	
Small, etc.	Tools	\$928.71	
Insurance	Insurance	\$927.55	
Total Monthly Expenses			\$31,976.31
Net Monthly Income:			\$2,544.34

Fill in this in	nformation to iden	tify your case:		Chook if t	hio io.	
Debtor 1	Tensay	Gee	Johnson	Check if t	mended filing	
Debiori	First Name	Middle Name	Last Name		pplement showing	postpetition
Debtor 2	Sylvia	Phillips	Johnson	chap	ter 13 expenses a	
(Spouse, if fili		Middle Name	Last Name	follo	wing date:	
United States	Bankruptcy Court for the	ne: WESTERN DIS	TRICT OF TEXAS	MM /	DD / YYYY	
Case number (if known)	<u>19-11331</u>					
Official Forr	m 106J					
Schedule J	J: Your Expens	es				12/15
correct informat name and case i		needed, attach anoth nswer every question	eople are filing together, I er sheet to this form. On			
1. Is this a joir						
☑ Yes. D			-2, Expenses for Separate	Household of Debt	or 2.	
Do not list D			Debtor 1 or	s relationship to Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.		Tor odori dopondori	Daughter		10	□ No
Do not state names.	the dependents'		Daughter		14	- ☑ Yes □ No
			<u> </u>			Yes
						□ No - □ Yes
						□ No
						- ☐ Yes
						□ No
					<u> </u>	Yes
expenses o	penses include of people other than d your dependents?	✓ No ☐ Yes				
Part 2:	stimate Your Ong	oing Monthly Exc	enses			
Estimate your exto report expens	xpenses as of your ba	nkruptcy filing date u he bankruptcy is filed	nless you are using this f I. If this is a supplementa		•	
Include expense	es paid for with non-ca	ash government assis	stance if you know the val ncome (Official Form 106I		Your expens	ses
	or home ownership ex mortgage payments ar	•			4.	\$2,280.00
	ded in line 4:	sily form for the grou	01 1011			
4a. Real es					4a.	
	ty, homeowner's, or ren	ter's insurance			4b	
4c. Home r	maintenance, repair, ar	nd upkeep expenses			4c	\$250.00
4d. Homeo	owner's association or c	ondominium dues			4d.	\$10.40

Case number (if known) 19-11331

	Your expe	enses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$167.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a	\$260.00
6b. Water, sewer, garbage collection	6b	\$220.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$200.00
6d. Other. Specify: Mobile Phone	6d	\$390.00
7. Food and housekeeping supplies	7.	\$1,000.00
8. Childcare and children's education costs	8.	\$100.00
9. Clothing, laundry, and dry cleaning	9.	\$300.00
10. Personal care products and services	10.	\$200.00
11. Medical and dental expenses	11.	\$208.00
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$640.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$200.00
14. Charitable contributions and religious donations	14.	\$75.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$48.00
15b. Health insurance	15b	
15c. Vehicle insurance	15c	\$175.00
15d. Other insurance. Specify:	15d	
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2015 Volkswagen Passat	17a	\$270.00
17b. Car payments for Vehicle 2	17b	
17c. Other. Specify:	17c	
17d. Other. Specify:		
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19. Other payments you make to support others who do not live with you.  Specify:	19	

Debtor 1 Debtor 2		Tensay Gee Johnson Sylvia Phillips Johnson	Case number (if known)	19-11331
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	_
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Other	r. Specify: See continuation sheet	21. <b>+</b>	\$675.00
22.	Calcu	late your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$7,668.40
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$7,668.40
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$7,692.74
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b> _	\$7,668.40
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$24.34
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	u file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortga	. ,	
		No. Yes. Explain here: None.		

Debtor 1 Tensay Gee Johnson

Debtor 2 Sylvia Phillips Johnson

21. Other. Specify:
Pet Expenses \$75.00

IRS repayment \$550.00
Parking and toll (work related) \$50.00

Total: \_\_\_\_\_\$675.00

Fill in this info	ormation to i	dentify your case	:	
Debtor 1	Tensay First Name	Gee Middle Name	Johnson Last Name	
Debtor 2	Sylvia	Phillips	Johnson	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS	
Case number	19-11331			☐ Checl
(if known)				amen

## Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

E	Part 1: Summarize Your Assets	
		<b>Your assets</b> Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$476,489.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$30,014.82
	1c. Copy line 63, Total of all property on Schedule A/B	\$506,503.82
Ŀ	Part 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$184,551.21
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$28,623.99
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$237,732.25
	Your total liabilities	\$450,907.45
F	Part 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$7,692.74
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$7,668.40

	btor 1 btor 2	Tensay Gee Johnson Sylvia Phillips Johnson	Case number (if known)19-11331	1
P	Part 4:	Answer These Questions for Administrative and Statist	tical Records	
6.	Are you	ı filing for bankruptcy under Chapters 7, 11, or 13?		
	□ No ☑ Ye	. You have nothing to report on this part of the form. Check this box and s	submit this form to the court with your o	ther schedules.
7.	What ki	nd of debt do you have?		
	<u> </u>	ur debts are primarily consumer debts. Consumer debts are those "including or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for sta		ersonal,
		ur debts are not primarily consumer debts. You have nothing to report s form to the court with your other schedules.	on this part of the form. Check this box	x and submit
8.		ne Statement of Your Current Monthly Income: Copy your total current in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14	•	\$9,597.84
9.	Copy th	ne following special categories of claims from Part 4, line 6 of Schedu	ıle E/F:	
			Total claim	
	From P	art 4 on Schedule E/F, copy the following:		
	9a. Do	mestic support obligations. (Copy line 6a.)	\$0.00	
	9b Ta	xes and certain other debts you owe the government (Copy line 6b.)	\$28,623.99	

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

\$28,623.99

Fill in this inf	ormation to ider	tify your case:						
Debtor 1	Tensay First Name	Gee Middle Name	Johnson Last Name					
Debtor 2	Sylvia	Phillips	Johnson					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS							
Case number (if known)	19-11331				Check if this is an amended filing			

## Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
<b>☑</b> No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I ha true and correct.	ve read the summary and schedules filed with this declaration and that they are
X /s/ Tensay Gee Johnson Tensay Gee Johnson, Debtor 1	X /s/ Sylvia Phillips Johnson Sylvia Phillips Johnson, Debtor 2
Date 11/01/2019 MM / DD / YYYY	Date <u>11/01/2019</u> MM / DD / YYYY

Johnson Last Name	
Johnson	
Last Name	

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

۱.	What is your current marital status?  ✓ Married  Not married
2.	During the last 3 years, have you lived anywhere other than where you live now?  ✓ No  ✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
3.	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
	No  ✓ Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H).

	otor 1 otor 2	Tensay Gee Johnson Sylvia Phillips Johnson		Case nur	mber (if known)19-1133	1
P	art 2:	Explain the Sources of	Your Income			
4.	Fill in th	I have any income from employ e total amount of income you red re filing a joint case and you have	eived from all jobs and all bu	sinesses, including par	t-time activities.	llendar years?
	□ No ☑ Yes	. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ry 1 of the current year until I filed for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$315,094.22	₩ Wages, commissions, bonuses, tips	\$24,447.83
			Operating a business		Operating a business	
		calendar year:	☐ Wages, commissions, bonuses, tips	\$30,000.00	☐ Wages, commissions, bonuses, tips	
(Ja	nuary 1 to	December 31, <u><b>2018</b></u> )	Operating a business		Operating a business	
For	the cale	ndar year before that:	☐ Wages, commissions, bonuses, tips		☐ Wages, commissions, bonuses, tips	
(Ja	nuary 1 to	December 31, 2017 )	Operating a business		Operating a business	
5.	Include unemplo	receive any other income duri income regardless of whether that byment; and other public benefit a nbling and lottery winnings. If you 1.	at income is taxable. Example payments; pensions; rental in	es of other income are come; interest; dividen	ds; money collected from la	awsuits; royalties;
	List eac	h source and the gross income for	rom each source separately.	Do not include income	that you listed in line 4.	
	□ No ☑ Yes	. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ry 1 of the current year until filed for bankruptcy:				
		calendar year: December 31, 2018 )	Capital loss Income from LLC	(\$3,000.00) \$13,039.00		
		ndar year before that: December 31, 2017)	Income from LLC	\$108,946.00		
Ju		<u> </u>				<del></del>

Debtor 2 Sylvia Phillips Johnson				Case number (if known) _ 19-11331			
Part 3:	List Certain Pa	aym	nents You Ma	ade Before Yo	ou Filed for Ban	ıkruptcy	
6. Are eith	er Debtor 1's or De	btor	2's debts prima	arily consumer	debts?	•	
□ No.			-	-	ner debts. Consum ly, or household purp		d in 11 U.S.C. § 101(8) as
	During the 90 day	s be	fore you filed for	r bankruptcy, did	you pay any credito	r a total of \$6,825*	or more?
	☐ No. Go to line	7.					
	total am	ount	you paid that cre	editor. Do not in	otal of \$6,825* or mo clude payments for o de payments to an a	domestic support ob	oligations, such as
	* Subject to adjus	tmei	nt on 4/01/22 and	d every 3 years a	after that for cases fil	led on or after the d	ate of adjustment.
<b>✓</b> Yes	. Debtor 1 or Debt	or 2	or both have p	rimarily consum	er debts.		
	During the 90 day	s be	fore you filed for	r bankruptcy, did	you pay any credito	r a total of \$600 or r	more?
	☐ No. Go to line	7.					
	creditor.	Do	not include payr	ments for domest	otal of \$600 or more tic support obligation for this bankruptcy c	ns, such as child su	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Santander Creditor's name	Consumer Usa			_	\$789.00	\$9,503.00	_ Mortgage
Po Box 961 Number Stre	245			last 90 days — —	s (\$263/mo.)		<ul><li>✓ Car</li><li>✓ Credit card</li><li>✓ Loan repayment</li><li>✓ Suppliers or vendors</li></ul>
Ft Worth	T	X ate	<b>76161</b> ZIP Code	<del>_</del>			Other
Olly	3.	aic	Zii Oode	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Loan Servicing			_	\$6,677.13	\$155,077.21	_ Mortgage
PO Box 605 Number Stree  City of Indu	535 eet	Δ	91716	_	s (to get current) re roughly \$2200	-	☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
City		ate	ZIP Code	_			
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Intl Bank O	f Commerce				\$501.00	\$19,971.00	_ Mortgage
1 S Broadw Number Stre	ay St			last 90 days —	5		☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
Mcallen	т		78501				Other 2nd lien
City	Si	ate	ZIP Code	_			

	tor 1 tor 2	Tensay Gee Johnson Sylvia Phillips Johnson		Case number (if known) _	19-11331
7.	Insiders corpora agent, in	include your relatives; an tions of which you are an o	or bankruptcy, did you make a payment or y general partners; relatives of any general partners; relatives of any general partners, director, person in control, or owners you operate as a sole proprietor. 11 U.S.	al partners; partnerships of which y r of 20% or more of their voting sec	ou are a general partner; curities; and any managing
	✓ No ☐ Yes	s. List all payments to an i	nsider.		
8.		1 year before you filed fo ed an insider?	r bankruptcy, did you make any payme	nts or transfer any property on a	ccount of a debt that
	Include	payments on debts guara	nteed or cosigned by an insider.		
	✓ No	s. List all payments that be	enefited an insider.		
P	art 4:	Identify Legal Acti	ons, Repossessions, and Forecl	osures	
9.	List all s		or bankruptcy, were you a party in any la rsonal injury cases, small claims actions, c es.		
	□ No ☑ Yes	s. Fill in the details.			
Cas	e title		Nature of the case	Court or agency	Status of the case
Citi	bank		Citibank	Justice of the Pease	Pending
			VS	Court Name Precinct 2	<u>.                                    </u>
			Tensay Johnson	Number Street	On appeal
Cas	e numbe	r <b>J2-CV-19-002960</b>		Travis County, Texas	Concluded
				City State	ZIP Code
Cas	e title		Nature of the case	Court or agency	Status of the case
Bar	nk of An	nerica	Bank of America	County Court, Law No 1	Pending
			vs	Court Name	Pending
			Tensay Johnson	Travis County,Texas  Number Street	On appeal
Cas	e numbe	r C-1-CV-18-011295		Number Officer	☐ Concluded
		•			
				City State	ZIP Code
Cas	e title		Nature of the case	Court or agency	Status of the case
Bar	nk of An	nerica	Bank of America	County Court, Law No 2	Pending
			vs	Court Name	
			Tensay Johnson	Travis County,Texas  Number Street	On appeal
Cas	e numbe	r <b>C-1-CV-18-011300</b>			Concluded
					<del></del>
				City State	ZIP Code

Debtor 1 Debtor 2	Tensay Gee Johnso Sylvia Phillips Johns		Ca	se number (if k	nown) _	19-1133	1		
Case title		Nature of the c	ase	Court o	r agency			Status	of the case
Citibank	v. Tensay Johnson	debt collectio	debt collection		In the 98th District Court Court Name of Travis County, TX		<del></del>		Pending On appeal
Case num	ber <b>D-1-GN-19-004764</b>	_		Number	Street				Concluded
				City		State	ZIP Code	<del></del>	
seize Chec	n 1 year before you filed to d, or levied? k all that apply and fill in the lo. Go to line 11. es. Fill in the information b	e details below.	as any of your property i	repossess	sed, foreclose	d, garni	shed, atta	ched,	
			Describe the property			Date	v	/alue of	the property
IRS			2018 tax refund			09/2	2019	\$5,	126.00
Creditor's Na	ame								
Number S	Street	e ZIP Code	Explain what happened Property was reposs Property was foreclo Property was garnish Property was attached	essed. sed. ned.	or levied.				
	n 90 days before you filed ints from your accounts o		•	-		stitution	n, set off a	iny	
☑ Y	o es. Fill in the details.								
	n 1 year before you filed t tors, a court-appointed re			n the pos	session of an	assigne	ee for the I	benefit c	of
☑ Y									
Part 5:	List Certain Gifts	and Contribut	ions						
13. Withi	n 2 years before you filed	l for bankruptcy, d	lid you give any gifts wit	h a total v	alue of more	than \$60	00 per per	son?	
☑ Y	o es. Fill in the details for ea	ach gift.							

Debtor 1 Tensay Gee Johnson Debtor 2 Sylvia Phillips Johnson					Case number (if known)				
	n 2 years befo y charity?	re you	filed for bankru	ptcy, did you give an	y gifts or contributions with a to	otal value of more tha	an \$600		
□ N		etails fo	or each gift or co	ontribution.					
	ontributions to more than \$600		es		what you contributed ry donations	Date you contributed	Value		
School Fundraising - Vandegrift Charity's Name					,	monthly	\$25.00		
Number S	Street						_		
City			State ZIF	P Code					
Part 6:	List Cer	ain I	0000						
Part 7:  16. Within anyor Includ	List Cert n 1 year before ne you consult de any attorneys	you fi ed abo	ut seeking ban	tcy, did you or anyor kruptcy or preparing	ne else acting on your behalf pay a bankruptcy petition? nseling agencies for services requ				
Fred E. W Person Who	Valker, P.C. Was Paid le Ridge Roa			Description and valuattorney fee filling fee	ue of any property transferred \$2324.25 335.00	Date payment or transfer was made	Amount of payment		
Number S Suite 220	Street								
Austin City		TX State	<b>78746</b> ZIP Code				-		
Email or web	site address								
Person Who	Made the Payme	nt, if Not	You						

Debtor 1 Tensay Gee Johnson Sylvia Phillips Johnson					Case number (if kr	nown) <u>19-11331</u>	
		Education Founda	ition, Inc.	Description and value of any prop credit counseling course	erty transferred	Date payment or transfer was made	Amount of payment
		Center Dr., Ste. 3	10			09/2019	\$25.00
Numb	oer St	reet					
Orla City	ndo	FL State	<b>32835</b> ZIP Code				
Email	or webs	ite address					
Perso	n Who I	Made the Payment, if Not	You				
		•	•	otcy, did you or anyone else acting or ith your creditors or to make payme			perty to
	Do not	include any payment	or transfer that	you listed on line 16.			
	✓ No	s. Fill in the details.					
				uptcy, did you sell, trade, or otherwi se of your business or financial affa		perty to anyone, oth	ner than
		•		made as security (such as granting o ave already listed on this statement.	of a security interest o	r mortgage on your	property).
	✓ No	s. Fill in the details.					
				ruptcy, did you transfer any propert called asset-protection devices.)	y to a self-settled tr	ust or similar devic	e of which
	☑ No	s. Fill in the details.					
Pa	rt 8:	List Certain F	inancial Acc	ounts, Instruments, Safe Dep	oosit Boxes, and	Storage Units	
		1 year before you fi t, closed, sold, move		otcy, were any financial accounts or ed?	r instruments held in	n your name, or for	your
			•	or other financial accounts; certificates ciations, and other financial institutions	•	banks, credit union	s, brokerage
	✓ No	s. Fill in the details.					

Debto Debto		Tensay Geo Sylvia Phill	e Johnson ips Johnson				Case number (if known) _1	9-11331	
	-		did you have v		ou filed for	bankrupto	ey, any safe deposit box or o		sitory
	☑ No ☑ Yes	. Fill in the de	etails.						
		ou stored pro	perty in a stora	ge unit or place othe	er than your	home with	nin 1 year before you filed fo	or bankrupt	cy?
_	☑ No ☐ Yes	. Fill in the de	etails.						
Par	t 9:	Identify F	Property You	Hold or Control	for Some	one Else	•		
	-	hold or contr in trust for se		that someone else	owns? Inclu	ıde any pr	operty you borrowed from,	are storing	for,
_	□ No ☑ Yes	. Fill in the de	etails.						
				Where is the prop	erty?		Describe the property		Value
	Points s Name	s Platinum I	nvestment, LI	<u>-1</u>			Business checking \$2 Business savings \$28		\$2,461.18
Numbe	r Stre	eet		BBVA Compass Number Street			_		
City		Stat	e ZIP Code	City	State ZI	P Code	_		
				Where is the prop	erty?		Describe the property	- 4 - 4 - <del>-</del> -	Value
	Points s Name	s Platinum I	nvestment, Ll	<u>-</u> 1			Business checking \$5 Bussines savings \$10		\$5,554.37
Numbe	er Stre	eet		Chase Bank Number Street			_		
City		Stat	e ZIP Code	City		P Code	_		
F	D - ! ( .	- F		Where is the prop	erty?		Describe the property brokerage Account		Value
	s Name	s Equity inv	estments, LL	_			brokerage Account		\$305.36
Numbe	er Stre	eet		Interactive Brok Number Street	er				
City		Stat	e ZIP Code	City	State ZI	P Code	_		
			Where is the property?			Describe the property	Value		
	Points s Name	s Equity Inv	estments, LL	<u>-</u>			business checking acc \$137.12		\$137.12
Number Street			A+FCU Number Street			business savings according to 0.00	ount		
City		Stat	e ZIP Code	City	State ZI	P Code	_		

Debtor Debtor		Tensay Gee Johnson Sylvia Phillips Johnson			Case number (if known)19-11331			
			Where is the prope	erty?	Describe the property	٧	/alue	
	Minor Children Owner's Name				custodial accounts checking \$74.13	_	\$294.90	
Number Street		A+FCU Number Street		savings 10.00  checking \$116.23 savings \$10.00  checking \$84.54				
City		State ZIP Code	City	State ZIP Code	_			
Part	10:	Give Details About Er	vironmental Info	ormation				
For the	e purp	ose of Part 10, the following	definitions apply:					
haz inc	zardou Iuding	nental law means any federa s or toxic substance, wastes statutes or regulations cont as any location, facility, or p	s, or material into the rolling the cleanup o	e air, land, soil, surfact of these substances, v	e water, groundwater, or wastes, or material.	other medium,		
util	ize it c	or used to own, operate, or u	tilize it, including dis	sposal sites.		-		
		<i>is material</i> means anything a e, hazardous material, pollut			ous waste, hazardous sub	stance, toxic		
Repor	t all no	tices, releases, and proceed	lings that you know	about, regardless of v	when they occurred.			
	as any w?	governmental unit notified	you that you may be	liable or potentially li	able under or in violation	of an environme	ental	
<u>.</u>	No Yes	. Fill in the details.						
	-	u notified any governmental	unit of any release	of hazardous material	?			
_	Mo Yes.	Fill in the details.						
	ave yo rders.	u been a party in any judicia	al or administrative p	proceeding under any	environmental law? Inclu	de settlements	and	
<u> </u>	No Yes	. Fill in the details.						

Debtor 1 Tensay Gee Johnson Sylvia Phillips Johnson	Cas	ase number (if known)				
Part 11: Give Details About You	ur Business or Connections to Any B	Business				
27. Within 4 years before you filed for ba business?	nkruptcy, did you own a business or have an	y of the following connections to any				
A member of a limited liability  A partner in a partnership  An officer, director, or managi	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (Lt and executive of a corporation evoting or equity securities of a corporation					
<ul><li>No. None of the above applies. G</li><li>✓ Yes. Check all that apply above ar</li></ul>	o to Part 12. nd fill in the details below for each business.					
Four Points Platinum Investment, LL Business Name 10105 Metropolitan Dr Number Street	dba is Four Points Platinum Machining Machine Shop/ Manufacturing	Employer Identification number Do not include Social Security number or ITIN.  EIN: 8 4 - 1 7 2 3 3 4 1				
Austin, TX 78758	Name of accountant or bookkeeper Frye Tax Services	Dates business existed  From1/2007 Topresent				
Four Points Equity Investment, LLC Business Name 10128 Barbrook Drive	Describe the nature of the business Debtor has 99% interest Co-debtor has 1% interest Investment	Employer Identification number Do not include Social Security number or ITIN.  EIN: 7 5 - 3 2 3 3 4 5 4				
Number Street Austin ,TX 78726	Name of accountant or bookkeeper Frye Tax Services	Dates business existed  From 3/2007 To present				
City State 7IP Code						

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

✓ No✓ Yes. Fill in the details below.

Debtor 1 Debtor 2	Tensay Gee Johnson Sylvia Phillips Johnson				Case nu	umber (if known)	19-11331	
Part 12	Sign Below							
that answe	the answers on this <i>Statement of</i> ers are true and correct. I understay fraud in connection with a bankr B U.S.C. §§ 152, 1341, 1519, and 35	and that ma	aking a f	alse statement, c	concealing	property, or obt	aining money o	r
X /s/ Ten	say Gee Johnson	X	/s/ Syl	lvia Phillips Joh	nnson			
Tensay	Gee Johnson, Debtor 1	_	Sylvia	Phillips Johnson, [	Debtor 2	_		
Date _	11/01/2019		Date .	11/01/2019	_			
Did you att	tach additional pages to Your State	ment of Fi	nancial	Affairs for Individ	duals Filing	for Bankruptcy	(Official Form	107)?
<b>√</b> No								
Yes								
Did you pa	y or agree to pay someone who is	not an atto	orney to	help you fill out I	bankruptcy	/ forms?		
<b>√</b> No								
	lame of person				At	ttach the <i>Bankr</i> u	ptcy Petition Pre	parer's Notice,
_						polaration and S	ianatura (Officia	al Form 110)

Fill in this information to identify your case:						
Debtor 1	Tensay First Name	Gee Middle Name				
Debtor 2	Sylvia	Phillips	Johnson			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS						
Case number (if known)	19-11331					

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

 For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the cre	editor and the property that is collateral	What do you intend to do with the property that secures a debt?			Did you claim the property as exempt on Schedule C?	
Creditor's name:	Intl Bank Of Commerce		Surrender the property. Retain the property and redeem it.		No Yes	
Description of property securing debt:	10128 Barbrook Dr, Austin, TX 78726		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			
Creditor's name:	Santander Consumer Usa		Surrender the property. Retain the property and redeem it.		No Yes	
Description of property securing debt:	2015 Volkswagen Passat		Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:			
Creditor's name:	Specialized Loand Servicing		Surrender the property.  Retain the property and redeem it.		No Yes	
Description of property securing debt:	10128 Barbrook Dr, Austin, TX 78726		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			

Debtor 1 Tensay Gee Johnson

Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not

yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

**List Your Unexpired Personal Property Leases** 

Will this lease be assumed?

None.

Part 2:

Debtor 1 Tensay Gee Johnson

Debtor 2 Sylvia Phillips Johnson Case number (if known) 19-11331

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Tensay Gee Johnson
Tensay Gee Johnson, Debtor 1

X /s/ Sylvia Phillips Johnson
Sylvia Phillips Johnson, Debtor 2

Date 11/01/2019 Date 11/01/2019 MM / DD / YYYY

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

In re	Tensay Gee Johnson	Case No.	19-11331
	Sylvia Phillips Johnson		
		Obantan	7

	Chapter <u>7</u>
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept
	Prior to the filing of this statement I have received
	Balance Due
2.	The source of the compensation paid to me was:
	☑ Debtor ☐ Other (specify)
3.	The source of compensation to be paid to me is:
	☑ Debtor ☐ Other (specify)
4.	✓ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6.	By agreement with the debtor(s), the above-disclosed fee does not include the following services:  The fee does not include any other service then those specifically set forth above. Any agreement to provide additional services must be in writing. The amount disclosed above does not include the filing fee paid for this matter with the court which was handled by Debtor's attorney					
_						
	CERTIFICATION					
	I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.					

/s/ Tensay Gee Johnson	/s/ Sylvia Phillips Johnson			
Tensay Gee Johnson	Sylvia Phillips Johnson			

Fill in this i	nformation to i	dentify your case	<b>:</b>	Check one box only as directed in this form and in Form 122A-1Supp:
Debtor 1	Tensay First Name	Gee Middle Name	Johnson Last Name	1. There is no presumption of abuse.
Debtor 2	Sylvia	Phillips	Johnson	2. The calculation to determine if a presumption
(Spouse, if filin		Middle Name	Last Name	of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
United States I	Bankruptcy Court fo	or the: WESTERN DI	STRICT OF TEXAS	3. The Means Test does not apply now because
Case number (if known)	<u>19-11331</u>			of qualified military service but it could apply later.
				Check if this is an amended filing
Official For	m 122Δ-1			
700CIALEOL				
Chapter 7  Be as complete accurate. If monformation appare exempted frontition appare exempted frontilitary service	and accurate as pre space is needer lies. On the top or complete and file	possible. If two marri d, attach a separate s f any additional page n of abuse because y	sheet to this form. Includes, write your name and countries ou do not have primarily	her, both are equally responsible for being e the line number to which the additional ase number (if known). If you believe that you consumer debts or because of qualifying f Abuse Under § 707(b)(2) (Official Form
Chapter 7  Be as complete accurate. If mo nformation appare exempted from illitary service (22A-1Supp) with the complete of th	and accurate as prespace is neededlies. On the top of complete and file that this form.	possible. If two marri d, attach a separate s f any additional page n of abuse because y s Statement of Exemp	ied people are filing toget sheet to this form. Includes, write your name and c ou do not have primarily otion from Presumption o	her, both are equally responsible for being e the line number to which the additional ase number (if known). If you believe that you consumer debts or because of qualifying
Chapter 7 Be as complete accurate. If mo information appare exempted frinilitary service 222A-1Supp) with the part 1:	and accurate as per espace is neededlies. On the top of the complete and file the this form.	cossible. If two marri d, attach a separate s f any additional page n of abuse because y e Statement of Exemp	ied people are filing toget sheet to this form. Includes, write your name and c ou do not have primarily otion from Presumption o	her, both are equally responsible for being e the line number to which the additional ase number (if known). If you believe that you consumer debts or because of qualifying
Chapter 7  Be as complete accurate. If monformation appare exempted from illitary service (22A-1Supp) with the complete of the	and accurate as prespace is neededlies. On the top of the top of the top of the this form.  alculate Your the top of the this form.	cossible. If two marrid, attach a separate sef any additional page of abuse because yet statement of Exemptor.  Current Monthly of status? Check one	ied people are filing toget sheet to this form. Includes, write your name and c ou do not have primarily otion from Presumption o	her, both are equally responsible for being e the line number to which the additional ase number (if known). If you believe that you consumer debts or because of qualifying
Chapter 7  Be as complete accurate. If mo nformation appare exempted from the complete of the	and accurate as pre space is neededlies. On the top of om a presumption complete and file the this form.  alculate Your of the top of the this form.	possible. If two married, attach a separate so fany additional page of abuse because you statement of Exempt Current Monthly of status? Check one umn A, lines 2-11.	ied people are filing toget sheet to this form. Includes, write your name and c ou do not have primarily otion from Presumption o	her, both are equally responsible for being e the line number to which the additional ase number (if known). If you believe that you consumer debts or because of qualifying f Abuse Under § 707(b)(2) (Official Form
Be as complete accurate. If mo nformation appare exempted from litary service (22A-1Supp) with the complete of	and accurate as pre space is neededlies. On the top of om a presumption complete and file the this form.  alculate Your of the top of the this form.  alculate Your of the top of the this form.	cossible. If two marrid, attach a separate set any additional page of abuse because yet statement of Exempt Current Monthly of g status? Check one turn A, lines 2-11.	ied people are filing toget sheet to this form. Includes, write your name and c ou do not have primarily otion from Presumption of Income	her, both are equally responsible for being the line number to which the additional ase number (if known). If you believe that you consumer debts or because of qualifying f Abuse Under § 707(b)(2) (Official Form
Chapter 7  Be as complete accurate. If monformation appare exempted from the complete from the complet	and accurate as prespace is neededlies. On the top of om a presumption complete and file that this form.  alculate Your of the top of the this form.  alculate Your of the top of the this form.	cossible. If two married, attach a separate sof any additional page of abuse because yet statement of Exempt Current Monthly g status? Check one turn A, lines 2-11.  The is filing with you. For each of the control of	ied people are filing togetsheet to this form. Includes, write your name and cou do not have primarily otion from Presumption of Income  only.  Fill out both Columns A and your spouserous.	her, both are equally responsible for being the line number to which the additional ase number (if known). If you believe that you consumer debts or because of qualifying f Abuse Under § 707(b)(2) (Official Form

income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Column B Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions \$3,998.08 \$3,200.00 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse \$0.00 \$0.00 if Column B is filled in. All amounts from any source which are regularly paid for household \$0.00 \$0.00 expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed

on line 3.

Column A Debtor 1

\$0.00

Column B Debtor 2 or non-filing spouse

\$0.00

Net income from operating a business, profession, or farm

	Deptor 1	Deptor 2			
Gross receipts (before all deductions)	\$35,863.96	\$0.00	-		
Ordinary and necessary operating - expenses	- \$33,464.20	\$0.00	Conv		
Net monthly income from a business profession, or farm	\$2,399.76	\$0.00	Copy here ⋺	\$2,399.76	\$0.00

Net income from rental and other real property

Interest, dividends, and royalties

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	\$0.00	\$0.00	-	
Ordinary and necessary operating expenses	\$0.00	\$0.00	- Copy	
Net monthly income from rental or other real property	\$0.00	\$0.00		\$0.00

8.

Unemployment compensation		\$0.00	\$0.00
Do not enter the amount if you contend that the amount received w benefit under the Social Security Act. Instead, list it here:			
For you	\$0.00		

\$0.00

Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act.

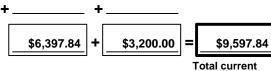
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

For your spouse.....\_

Total amounts from separate pages, if any. 11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.



monthly income

7.

Debtor 1 Debtor 2			ensay Gee Johnson ylvia Phillips Johnson		Case number (if known) 19-11331		
P	art 2:		Determine Whether the Means 1	est Applies to You			
12.	Calcu	ılate	your current monthly income for the y	ear. Follow these steps:			
	12a.	12a. Copy your total current monthly income from line 11			Copy line 11 here 😝 12a.	\$9,597.84	
	Multiply by 12 (the number of months in a year).				X 12		
	12b.	The	e result is your annual income for this part	of the form.	12b.	\$115,174.08	
13.	Calcu	ılate	the median family income that applies	to you. Follow these steps:			
	Fill in	the s	state in which you live.	Texas			
	Fill in	the r	number of people in your household.	4			
	Fill in	the r	median family income for your state and s	size of household		\$83,960.00	
			ist of applicable median income amounts is for this form. This list may also be avai	• • •	•		
14.	How	do th	ne lines compare?				
	14a.		Line 12b is less than or equal to line 13 Go to Part 3.	. On the top of page 1, check b	pox 1, There is no presumption of abuse.		
	14b.		Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined by Fo	orm 122A-2.	
P	art 3:		Sign Below				
	Bys	signir	ng here, I declare under penalty of perjury	that the information on this sta	atement and in any attachments is true and	d correct.	
			ensay Gee Johnson ay Gee Johnson, Debtor 1		ylvia Phillips Johnson a Phillips Johnson, Debtor 2		
	ı	Date <sub>.</sub>	11/1/2019	Date	11/1/2019		
	lf ve	ui ch	MM / DD / YYYY  ecked line 14a, do NOT fill out or file For	m 122A-2	MM / DD / YYYY		
	ıı ye	,u on	conca mic 17a, ao 1901 ilii dat di lile i dii	11 1 <i>LL</i> 11'L.			

If you checked line 14b, fill out Form 122A-2 and file it with this form.

F	ill in	this inf	ormation to	identify your case:				neck the appropriate box as directed
De	ebtor	1	Tensay	Gee	Johnso	n		lines 40 or 42:
			First Name	Middle Name	Last Nam	9		cording to the calculation required by this atement:
	ebtor	_	Sylvia First Name	Phillips Middle Name	Johnso Last Nam		316	atement.
`		, 0,					V	1. There is no presumption of abuse.
Uı	nited	States Ba	nkruptcy Court f	or the: WESTERN DIS	TRICT OF	rexas		2. There is a presumption of abuse.
	ase n knov	iumber vn)	<u>19-11331</u>					
							Ц	Check if this is an amended filing
<u>Of</u>	ficia	al Form	122A-2					
Ch	ap	ter 7 M	eans Test	Calculation				04/19
			n, you will nee	d your completed copy	of Chapter 7	Statement of You	ır Cur	rent Monthly Income (Official Form
122	A-1).	ı						
		•		•		• •		e equally responsible for being Imber to which the additional
			-	of any additional pages				
D	art 1	Do	tormina Vou	r Adjusted Income				
	ait	. De	terriffic rou	Adjusted income				
1.	Col	by your to	tal current mor	nthly income	Copy lin	e 11 from Official I	Form	122A-1 here +
2.	Did	you fill o	ut Column B in	Part 1 of Form 122A-11	?			
		No. Fill i	n \$0 for the tota	I on line 3.				
		Yes. Is y	our spouse filin	g with you?				
		☐ No.	Go to line 3.					
		<b>✓</b> Yes	. Fill in \$0 for th	ne total on line 3.				
3.	-	-	-	v income by subtracting			ome	not used to pay for
	On	line 11, Co	olumn B of Form	ı 122A-1, was any amoui	nt of the inco	ne you reported for	your	spouse NOT regularly used
	for	the housel	nold expenses o	f you or your dependent	s?			
		No. Fill i	n \$0 for the tota	I on line 3.				
		Yes. Fill	in the information	on below:				
			•	which the income was		Fill in the amoun	t vou	
			•	e is used to pay your spo e other than you or your	use's tax	are subtracting f	rom	
		depende		ouler man you or your		your spouse's in	come	
						+		
		Total				\$0	.00	Copy.total.here → - \$0.00
4	۷di	ust vour d	current monthly	vincome. Subtract the to	otal on line 3	from line 1		\$9,597.84

### Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1.786.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories-people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age \$55.00 7a. Out-of-pocket health care allowance per person 4 7b. Number of people who are under 65 Χ \$220.00 Copy here -> \$220.00 7c. Subtotal. Multiply line 7a by line 7b. People who are 65 years of age or older \$114.00 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older \$0.00 Copy here → + **Subtotal.** Multiply line 7d by line 7e. \$0.00 Copy total here -\$220.00 7g. **Total.** Add lines 7c and 7f.....

\$220.00

**Local Standards** 

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

**8. Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$683.00

- 9. Housing and utilities -- Mortgage or rent expenses:
  - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$1,821.00

Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment	
Intl Bank Of Commerce	\$167.00	
Specialized Loand Servicing	\$2,271.92	
4	<b>+</b>	
Total average monthly payment	\$2,438.92 Cop	y <del>?</del>

py Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$0.00	Copy here	<b>→</b>	
	•		

\$0.00

 If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain	
why:	

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
  - ☐ 0. Go to line 14.
  - ☐ 1. Go to line 12.
  - 2 or more. Go to line 12.
- 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$620.00

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

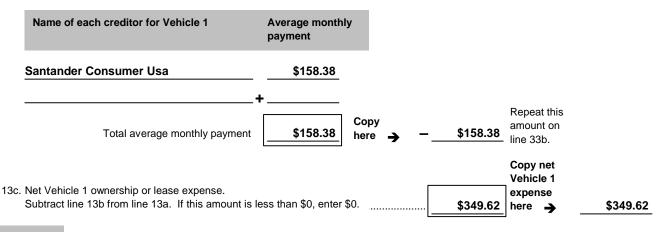
## Vehicle 1

Describe Vehicle 1: 2015 Volkswagen Passat

- 13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.



#### Vehicle 2

Describe Vehicle 2:

Name of each creditor for Vehicle 2

- 13d. Ownership or leasing costs using IRS Local Standard. .....
- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

payment		
Total average monthly payment	Copy here →	Repeat this amount on line 33c.
<ul><li>13f. Net Vehicle 2 ownership or lease expense.</li><li>Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.</li></ul>		Copy net Vehicle 2 expense

Average monthly

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

\$0.00

Debto	,,	
15.	<b>Additional public transportation expense:</b> If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.	\$0.00
Oth	er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses following IRS categories.	for the
16.	<b>Taxes:</b> The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.	\$1,426.00
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.	\$304.00
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	
18.	<b>Life insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$4.68
19.	<b>Court-ordered payments:</b> The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.	\$0.00
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	
20.	Education: The total monthly amount that you pay for education that is either required:  ■ as a condition for your job, or	\$0.00
	■ for your physically or mentally challenged dependent child if no public education is available for similar services.	** **
21.	<b>Childcare:</b> The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.	\$0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.	\$0.00
23.	<b>Optional telephones and telephone services:</b> The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.	+\$0.00
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	
24.	Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.	\$5,393.30

Additional	<b>Expense</b>	<b>Deductions</b>
------------	----------------	-------------------

These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.

25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$649.25			
Disability insurance	\$28.48			
Health savings account	+\$0.00	1		
Total	\$677.73	Copy total here	<b>→</b>	\$677.73

Do you actually spend this total amount?

No. How much do you actually spend?

✓ Yes

26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$0.00

27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$0.00

By law, the court must keep the nature of these expenses confidential.

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$100.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

**30.** Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\_\_\_\_

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

\$75.00

Debtor 1 Debtor 2		Tensay Gee Johnson Sylvia Phillips Johnson				Case number (if known) 19-11331					
32.		all of the additional enternational en	xpense dedu	ctions.							\$852.73
Ded	uction	s for Debt Payment									
33.		ebts that are secure , and other secured				, includin	g home	m	ortgages, vehic	cle	
		lculate the total avera		•		are contrac	ctually d	lue	to each secure	d creditor in	
									erage monthly		
		Mortgages on your	home:				•	ĺ			
	33a.	Copy line 9b here					<b>-</b>		\$2,438.92		
		Loans on your first	two vehicles	:							
	33b.	Copy line 13b here					<b>-</b>	•	\$158.38		
	33c.	Copy line 13e here					<b>-</b>	•	\$0.00		
	33d.	List other secured de									
		of each creditor for		Identify property		Does pa					
	otner	secured debt		secures the debt		include insurance		r			
						П	No				
						_ =	Yes	-			
					_	□	No	_			
							Yes				
						_	No Yes	+ _			
	330	Total average month	dy navment	\dd lines 33a throu	iah 33d	_			\$2,597.30	Copy total	\$2,597.30
								L	· · · · · · · · · · · · · · · · · · ·	here →	
34.		ny debts that you lis ssary for your suppo				sidence, a	a vehic	le,	or other prope	rty	
	П 1	No. Go to line 35.									
	_	res. State any amou	•	ust pay to a credito							
				keep possession o le by 60 and fill in t							
Nan	ne of th	ne creditor	Identify pro	perty that	Total cu	re		ı	Monthly cure	l	
			secures the	debt	amount			á	amount		
						÷	60 =	_			
						÷	60 =	_			
						÷	60 = .	+_			
							Total		\$0.00	Copy total here	\$0.00

	btor 1 Tensay Gee Johnson btor 2 Sylvia Phillips Johnson			Case num	nber (if known)	19-11331	
35.	<ol> <li>Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case?</li> <li>U.S.C. § 507.</li> </ol>						
	ш,	No. Yes.	Go to line 36. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.				
			Total amount of all past-due priority claims		\$28,623.99	÷ 60 =	\$477.07
36.	For m	ore ir	igible to file a case under Chapter 13? 11 U.S.C. § 109(e). Information, go online using the link for Bankruptcy Basics specified in the forming form. Bankruptcy Basics may also be available at the bankruptcy.				
	ш.	No. Yes.	Go to line 37. Fill in the following information.				
			Projected monthly plan payment if you were filing under Chapter 13	_	\$1,000.00		
			Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alaba and North Carolina) or by the Executive Office for United States Trust (for all other districts).	ees	x 9.9 9	⁄⁄o	
			To find a list of district multipliers that includes your district, go online the link specified in the separate instructions for this form. This list malso be available at the bankruptcy clerk's office.	using			
			Average monthly administrative expense if you were filing under Chap	oter 13	\$99.00	Copy total here	\$99.00
37.			the deductions for debt payment. 3e through 36.				\$3,173.37
Tota	al Ded	uctio	ns from Income				
38.	Add a	all of	the allowed deductions.				
			24, All of the expenses allowed under IRS  Illowances				
	Сору	line 3	32, All of the additional expense deductions \$852.73				
	Сору	line 3	37, All of the deductions for debt payment+\$3,173.37				
	Total	dedu	ctions\$9,419.40 Co	py total h	ere →		\$9,419.40
Par	t 3:	De	etermine Whether There Is a Presumption of Abuse				
39.	Calcu	ılate ı	monthly disposable income for 60 months				
	39a.	Cop	y line 4, adjusted current monthly income \$9,597.84				
	39b.	Cop	y line 38, <i>Total deductions</i>				
	39c.		thly disposable income. 11 U.S.C. § 707(b)(2). \$178.44 creat line 39b from line 39a.	-	\$178.44		
		For t	the next 60 months (5 years)		x 60		
	39d.	Tota	al. Multiply line 39c by 60	39d.	\$10,706.40	Copy here	\$10,706.40

	Debtor 1 Debtor 2		nsay Gee Johnson  via Phillips Johnson	per (if known) 19-11331				
40.	Find	d out v	whether there is a presumption of abuse. Check the box that applies:					
			ine 39d is less than \$8,175*. On the top of page 1 of this form, check box 1, Then Part 5.	e is no presumption of abuse.				
			<b>The line 39d is more than \$13,650*.</b> On the top of page 1 of this form, check box 2, <i>There is a presumption of abuse.</i> You may fill out Part 4 if you claim special circumstances. Then go to Part 5.					
	$\overline{\mathbf{A}}$	The I	The line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41.					
		* Sub	eject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after	er the date of adjustment.				
41.	A Summa		in the amount of your total nonpriority unsecured debt. If you filled out summary of Your Assets and Liabilities and Certain Statistical Information Schedule ficial Form 106Sum), you may refer to line 3b on that form.	\$237,000.00				
				x .25				
	41b.		6 of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I). tiply line 41a by 0.25.	\$59,250.00 Copy here \$59,250.00				
42.	is e	nough	e whether the income you have left over after subtracting all allowed deduction to pay 25% of your unsecured, nonpriority debt.  box that applies:	ns				
	$\overline{\mathbf{Q}}$		<b>Line 39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>There is no presumption of abuse.</i> Go to Part 5.					
			<b>Line 39d is equal to or more than line 41b.</b> On the top of page 1 of this form, check box 2, <i>There is a presumption of abuse.</i> You may fill out Part 4 if you claim special circumstances. Then go to Part 5.					
Par	t 4:	G	ive Details About Special Circumstances					
43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).				of current monthly income for				
	$\overline{\mathbf{Q}}$	No.	Go to Part 5.					
		Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.						
		You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.						
			Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment				
				<del></del>				

Debtor 2	Sylvia Phillips Johnson	Case number (if known) 19-11331
Part 5:	Sign Below	
By si	igning here, I declare under penalty of perjury that the inform	nation on this statement and in any attachments is true and correct.
<i>/</i> \ _	S/ Tensay Gee Johnson Tensay Gee Johnson, Debtor 1	X /s/ Sylvia Phillips Johnson Sylvia Phillips Johnson, Debtor 2
D	pate 11/1/2019	Date 11/1/2019

MM / DD / YYYY

MM / DD / YYYY